

# Job Specific Training Checklist for Laboratory Trainees

Employee Name:

Start Date:

Department:

Supervisor Name:

General Safety	This section is to be completed for all trainees	
	Examples	Received
CoVid-19	Lab Specific Research Resumption Plan has been discussed	
Sharps disposal	Safe clean-up of sharps, broken glass bin, disposal procedure	
Work Order Procedure	Reporting physical deficiencies to <a href="mailto:work.orders@lakeheadu.ca">work.orders@lakeheadu.ca</a>	
First Aid kit location	Where to access first aid kit and designated first aider	
Telephone System	Emergency key on phone, lab emergency contact list	
Emergency exits and procedures	Closest emergency exits, pull stations, fire extinguishers, area fire warden	
Working alone policy and procedures	Which experiments are too hazardous for after-hours work and when alone, Keep In Touch program with Security	
Location and use of emergency facilities	Closest safety shower, emergency eyewash station	
Hazardous waste disposal procedures	Storage and segregation of waste, inventories and reporting requirements	
Personal Protective Equipment	Requirements for selection, use, care and how to safely remove	
Lab Safety Policy/Procedures	Lab safety manual	
Hazard Reporting Procedures	How to contact security/physical plant & your supervisor	
Security	Procedures for visitors, and keeping the lab secured	
<b>*Trainee must complete WHMIS annually, contact H&amp;S</b>		
<b>Chemical Safety</b>	<b>Trainee will be working with chemicals:</b> <b>Yes                      No (Proceed to section Biological Safety)</b>	
Safe chemical handling procedures	Correct use of a chemical fume hood, flammable liquids, toxic chemicals	
Chemical spill kit	Location of kit and procedure for clean-up of spills	
MSDS	Location of MSDS	
Specific Hazards (List)	e.g. hydrofluoric acid/machine guarding	
Inventory	Requirements for inventory maintenance	

<b>Biological Safety</b>	<b>Trainee will be working with biohazards:</b>	
	<b>Yes</b>	<b>No (Proceed to section Radiation Safety)</b>
<b>Biological agents</b>	Risk groups, method of transmission, blood borne pathogens	
<b>Universal precautions</b>	Use of PPE, good hygiene/housekeeping practices, good microbial practices	
<b>Biosafety cabinet</b>	Correct use of a biosafety cabinet	
<b>Aerosols</b>	How to avoid aerosol generation	
<b>Autoclave</b>	Safe operation	
<b>Needle sticks/sharps injuries</b>	Safe use of needles/sharps	
<b>Shipping and Receiving</b>	How to correctly receive a package	
<b>Transporting biological materials</b>	Procedures for on-campus transport	
	On public roadways (requires TDG certificate, arranged through H&S)	
<b>Biological Spills</b>	Location of spill kit, how to safety clean up spills, when to report to Supervisor/Security	
<b>Biological waste</b>	Separation and disposal procedures	
<b>Other Hazards/Risks</b>	<b>List any other hazards/training provided specific to your lab or experimental procedures or check:</b> <b>Risks are covered in the previous sections</b>	

As Supervisor, I attest that \_\_\_\_\_ has both received training in all of the areas of health and safety checked above and demonstrated proficiency in the standard operating procedures required for this laboratory sufficient to enable him/her to conduct themselves safely in my laboratory without direct supervision.

**Supervisor Signature:**

**Date:**

I attest that adequate training has been provided to me in order to conduct my laboratory duties safely and that I will follow all laboratory rules as they relate to Health and Safety. I acknowledge that, while my adherence to the training I have received and my compliance with the University's health and safety requirements is expected to substantially reduce my risk of contracting COVID-19 and other diseases, that risk cannot be completely eliminated. I acknowledge that some medical conditions that affect the immune system may put me at increased risk of contracting an infectious disease. Should I be at increased risk, I will discuss my laboratory duties with my primary health care provider annually and should any accommodations be required to reduce my risk, I will share those with my Supervisor as soon as I am aware of them.

**Employee Signature:**

**Date:**

**Supervisors keep a copy for your records. Trainee, upload a copy into D2L Assignments (Checklist).**