** New Laboratory Trainee Orientation Checklist *For Supervisors***

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First

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| **General Safety** | **This section is to be completed for all trainees** | |
| **Examples** | **Received** |
| **Sharps disposal** | Safe clean-up of sharps, broken glass bin, disposal procedure |  |
| **Work Order Procedure** | Reporting physical deficiencies to [work.orders@lakeheadu.ca](mailto:work.orders@lakeheadu.ca) |  |
| **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 |  |
| **\*Trainee must complete WHMIS annually, contact H&S** | | |
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| **Chemical Safety** | **Trainee will be working with chemicals:**  **Yes  No (Proceed to section Biological Safety)** | |
| **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 |  |
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| **Biological Safety** | **Trainee will be working with biohazards:**  **Yes  No (Proceed to section Radiation Safety)** | |
| **Biological agents** | Risk groups, method of transmission, blood borne pathogens |  |
| **Universal precautions** | Use of PPE, good hygiene/housekeeping practices, good microbial practices |  |
| **Biosafety cabinet** | Correct use of a biosafety cabinet |  |
| **Aerosols** | How to avoid aerosol generation |  |
| **Autoclave** | Safe operation |  |
| **Needle sticks/sharps injuries** | Safe use of needles/sharps |  |
| **Shipping and Receiving** | How to correctly receive a package |  |
| **Transporting biological materials** | Procedures for on-campus transport |  |
|  | On public roadways (requires TDG certificate, arranged through H&S) |  |
| **Biological Spills** | Location of spill kit, how to safety clean up spills, when to report to Supervisor/Security |  |
| **Biological waste** | Separation and disposal procedures |  |
| **Radiation Safety** | **Trainee will be working with radiological hazards:**  **No - Proceed to section Other Hazards/Risks**  **Yes - Contact H&S to arrange for basic radiation safety training and complete Radiation Safety Training Form with Trainee** | |
| **Other Hazards/Risks** | **List any other hazards/training provided specific to your lab or experimental procedures or check:**  **Risks are covered in the previous sections** | |
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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 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, and send original completed form to Human Resources, Attn: Laboratory and Biosafety Specialist**