



Last Name	First Name	Phone number
Department	Position	Supervisor/P.I.

New lab employee/student and their Supervisor/P.I. should complete this checklist before the employee begins working independently in their lab. After all topics have been **reviewed** and are clearly **understood** by the lab employee/student, please sign at the bottom of the form and retain a copy in your department.

Please check all that apply to position:

Emergency procedures / locations	Personal protective equipment (PPE)	OHSE training	Lab specific training / equipment
<input type="checkbox"/> SDS	<input type="checkbox"/> eye / face protection	<input type="checkbox"/> WHMIS	<input type="checkbox"/> use of fumehoods
<input type="checkbox"/> spill kits	<input type="checkbox"/> lab coats	<input type="checkbox"/> Lab safety	<input type="checkbox"/> review of hazardous waste procedures
<input type="checkbox"/> incident report forms	<input type="checkbox"/> gloves / hand protection	<input type="checkbox"/> Biosafety	<input type="checkbox"/> lab glass recycling
<input type="checkbox"/> emergency procedure poster	<input type="checkbox"/> safety footwear	<input type="checkbox"/> Biosafety emergency response procedures	<input type="checkbox"/> review working alone policy
<input type="checkbox"/> exits	<input type="checkbox"/> respirators	<input type="checkbox"/> Blood borne pathogens	<input type="checkbox"/> use/transport of gas cylinders
<input type="checkbox"/> eyewash station / shower	<input type="checkbox"/> hearing protection	<input type="checkbox"/> Cytotoxic drug awareness	<input type="checkbox"/> use of BSCs / LFHs
<input type="checkbox"/> fire pull stations	<input type="checkbox"/> dosimeter	<input type="checkbox"/> Laser safety	<input type="checkbox"/> review of SOPs
<input type="checkbox"/> fire extinguishers	<input type="checkbox"/>	<input type="checkbox"/> X-ray safety	<input type="checkbox"/> review safety program binder
<input type="checkbox"/> emergency assembly points	<input type="checkbox"/>	<input type="checkbox"/> Radiation safety	<input type="checkbox"/> use of autoclave
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compressed gas cylinders	<input type="checkbox"/> spill kit /waste container restocking procedures
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> use of other lab equipment (list as required):
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments:

Lab personnel signature:

Date:

Supervisor / P.I. signature:

Date: