This form must be completed and provided to the Safety Office as a record of new employee training. An employee is not allowed to work with hazardous chemicals or equipment prior to training.

Research Leader__________________________  Supervisor______________________________
Assigned work areas____________________________________________________________________
Work area training conducted by _________________________ _______________________Date__________
Topics covered (instructions attached; initial when complete or use N/A where appropriate):
  ____Review Chemical Hygiene Plan                                          ____Hazard Assessment & PPE Certification
  ____Physical hazards of chemicals used                                  ____Use of fume hood
  ____Health hazards of chemicals used                                    ____Other engineering controls
  ____Location of SOPs                                                                  ____Detection of chemicals used
  ____Location and use of Safety Data Sheets                          ____Location of chemical inventory
  ____Chemical storage                                                                ____Symptoms of chemical exposure
  ____Fire evacuation procedures                                  ____Safety equipment in lab
  ____Tornado emergency procedures                                      ____Spill response
  ____Waste disposal procedures                                     ____Reporting unsafe and unhealthful conditions
  ____Ask employee if they have any disabilities that may affect their safety and ability to respond to an emergency (hearing impaired, blindness, physical limitation). Circle response YES NO. If YES, ensure measures are implemented to directly deal with these issues in an emergency.

Other training conducted by ______________________ ____________________________Date: ______
Topics (initial when complete):
  ____Lab Safety and CMAVE Chemical Hygiene Plan                     ____Workplace Fire Safety (OSHA YouTube video)
  ____Rights and Responsibilities of Federal Employees (document)   ____EMS
  ____Preventing Workplace Violence
  ____Globally Harmonized System of Chemical Classification and Labeling (OSHA YouTube video)

Employee statement:
  I, ____________________________________________, have completed all the training initialed above.

Signed ___________________________________________Date__________________

*A copy of this completed training form is to be provided to the supervisor and retained by the Safety Office.*