CMAVE Supervisor Training Documentation* (Revised June 2020)

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________________________________

Assigned work areas____________________________________________________________________

Work area training conducted _________________________ _______________________Date__________

(Print)                                                          (Sign)

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:_______

(Print)                                                                       (Sign)

Topics (initial when complete):

____Lab Safety and CMAVE Chemical Hygiene Plan                    ____Workplace Fire Safety (OSHA YouTube video)
____Rights and Responsibilities of Federal Employees (document)                  ____Preventing Workplace Violence
____Globally Harmonized System of Chemical Classification and Labeling (OSHA YouTube video) ______EMS
____Chemical Safety Training for New Employees (Laboratory Standard) ______Supervisor’s Roles & Responsibilities for safety, health and environmental management

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.