



Department of Civil and Environmental Engineering Laboratory Safety Orientation & Training Record



Room #: _____

Last name: _____ First Name: _____

ID #: _____ Supervisor (s): _____

Lab Safety Coordinator: _____

Department Orientation Required:

	<u>Date Completed</u>	<u>User Initial</u>
<input checked="" type="checkbox"/> WHMIS 2021	_____	_____
<input checked="" type="checkbox"/> Lab & Chemical Safety	_____	_____
<input checked="" type="checkbox"/> Hazardous Waste Management	_____	_____
<input checked="" type="checkbox"/> Lab Specific Orientation	_____	_____
<input checked="" type="checkbox"/> Working Alone Policy	_____	_____
<input checked="" type="checkbox"/> PPE Policy	_____	_____

Lab Specific Safety Training Required for Access (check those that apply):

	<u>Date Completed</u>	<u>Initial</u>
<input type="checkbox"/> Laser Safety	_____	_____
<input type="checkbox"/> Concepts in Biosafety	_____	_____
<input type="checkbox"/> UV Protection	_____	_____
<input type="checkbox"/> CO2 Safety	_____	_____
<input type="checkbox"/> H2S Safety	_____	_____
<input type="checkbox"/> Other	_____	_____

Lab User Signature: _____

Lab Safety Coordinator Signature: _____