

**DEPARTMENT OF ANIMAL SCIENCE
INDIVIDUAL TRAINING DOCUMENTATION
LABORATORY TRAINING:**

Training Type (check "X"): Initial _____ Annual Refresher _____

Trainee Name (print): _____

Lab Room #(s): _____

Lab Faculty in Charge: _____

Training Subject(s): IIPP, Emergency Action Plan, Campus Chemical Hygiene Plan, Dept. Hazard Evaluation and Lab Safety Guidelines, Use, Storage and Disposal of Hazardous Materials, Chemical and Biological (if applicable) Spill Control, Location and Use of PPE, Lab CUA (if applicable), Lab Specific BUA Plans such as MWMP = medical waste management plan or BBPECP (if applicable), and any other Lab-Specific Hazards (listed below)

Training Materials Used: Department Training Guidelines, Department IIPP, Lab Safety Plan, Department Lab Hazard Evaluation and Safety Guidelines, Department Evacuation Plan, Lab Specific SDSs, Lab-Specific SOPs, Safety Nets #8 Guidelines for Disposal of Chemical Waste, #40 Right-to-Know, #13 Chemical Spills, and #127 Biological Spill Control (if applicable), BUA Lab Specific Plans (if applicable), CUA Safety Protocols (if applicable) and other Lab-Specific Materials/Plans (listed below)

I certify that I have received training as described above and understand the following:

- The potential occupational hazards in general, in the lab areas where I conduct research.
- The Codes of Safe Practices and Laboratory Safety Guidelines which indicate the safe work conditions and safe work practices required for my job. And the disciplinary actions used to enforce compliance.
- The hazards of any chemicals to which I may be exposed and my right to information contained on Safety Data Sheet's for those chemicals, and how to understand this information.
- The right to ask questions regarding any safety information and to report any safety or health hazards.
- Emergency evacuation routes and departmental meeting place, and location of emergency eye wash/showers, fire alarm pull stations, and fire extinguishers.

Other Training Subjects and Materials Used: _____

Trainer Signature: _____

Trainer Name (print): _____

Trainee Signature _____ Date _____

Trainee Signature _____ Date _____

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