

SAFETY TRAINING CHECKLIST FOR NEW PHYS/PHARM LAB WORKERS

Name: _____

Health and Safety Training: To be completed before you work in the laboratory.

Mandatory Courses: List Date Completed

- a. Employee Health and Safety Orientation _____
- b. WHIMIS 2015 _____
- c. Accessibility in Service _____
- d. Safe Campus Community _____
- e. Lab and Environmental/Waste Management _____
- f. Biosafety _____
- g. Robarts Safety Orientation _____

Additional Courses: (If Required. Discuss with Supervisor)

- g. Radiation Safety _____
- h. X-Ray Safety _____
- i. Laser Safety _____

2. Basic Safety: **Yes**

- You have been shown the location of:
- a. The Lab Health and Safety Manual ☐
- b. Safety Data Sheets ☐
- c. Standard Operating Procedures ☐

- You understand:
- a. All injuries or incidents must be reported to supervisor ☐
- b. There is no food consumption in Laboratories ☐
- c. Doors must be locked when lab is unoccupied ☐
- d. Procedure/pickup times for Chemical waste disposal ☐
- e. Procedure for needle sticks and/or Biological/Chemical spills ☐

3. Emergency Equipment and Procedures: **Yes**

- You know the location and use of:
- a. Emergency phone numbers ☐
- b. Safety deluge shower ☐
- c. Eyewash station ☐
- d. Chemical spill kit ☐
- e. Fire alarm pull and extinguisher ☐
- f. Evacuation route and alternate routes ☐
- g. First aid kit ☐

4. Personal Protective Equipment **Yes**

- I understand that:
- a. Safety glasses must be worn in the lab ☐
- b. Sturdy shoes that cover the entire foot must be worn ☐
- c. No bare legs – Continuous coverage from shoulders to toes. ☐
- d. There should be a safety glass tray for visitors ☐
- e. Lab gloves must be discarded prior to leaving lab areas ☐
- f. Lab coats must be removed prior to leaving lab areas ☐
- g. If I’m required to wear an N95 Respirator I must be fit-tested ☐

5. Hazard Communication Form: **Yes**

- This online form has been completed with your supervisor. ☐

6. I will ask my Supervisor/Safety Officer if I have a concern ☐

Employee/Laboratory Worker Signature

Supervisor Signature

Date