

Laboratory Site-Specific Compliance Checklist for Personnel

1. This checklist is used to ensure that all laboratory employees have been properly trained in the hazards present in their laboratory.
2. Every employee, including the Principal Investigator, must complete this form **ANNUALLY**.
3. Have the employee initial next to every bullet to verify that training has been received or indicate if not applicable.

General Safety Information	Initials (or NA)
• I will comply with the written Standard Operating Procedures (SOPs) and the required lab practices as listed by my supervisor, PI, or lab Manager.	
• I have been trained in the safe use of chemicals in my laboratory for all carcinogenic, mutagenic, toxic, and reproductive toxicants. This includes the hazards the chemicals pose, and the requirements for the proper handling, storage, and transporting of the chemicals. If using formaldehyde, I have reviewed the University's Program and requirements.	
• I have been informed about the availability of written safety information for chemicals, including the location or obtaining of Safety Data Sheets .	
• I have been instructed on the proper use and limitations of a chemical fume hood, biological safety cabinet, glove box, and/or other local exhaust devices.	
• I have been informed of the proper labeling and approved abbreviations of chemical solutions prepared in the lab.	
• I have been informed of the proper disposal of chemical, biological, and radiological wastes.	
• I have been trained in procedures for cleaning up contaminants of low hazard spills and the collection of this material for disposal as hazardous waste.	
• I have been informed about all physical hazards within my lab including, compressed gases, centrifuges, UV lights, lasers, autoclaves, environmental rooms, cryogenic materials, and sharps (including my lab's Sharps Safety Plan).	
• I have been informed on the proper dress required for all laboratories: fully covered legs and feet, fully enclosed shoes, and securing loose hair, ties, badges, and jewelry.	
• I have been informed of the actions to take for emergencies (The Emergency 13 Flip Chart) including personal injury, exposures, and responses to facility malfunctions.	
• I have been informed of the availability of medical evaluations and follow-up for exposures/injuries, through University Health Service (275-2662, occupational health 275-4955), SMH Employee Health (275-9300, Blood Exposure Hotline 275-1164), or for severe injuries or exposures, or after hours, Strong Memorial Hospital's Emergency Department.	
• I have been informed to fill out an Employee or Student Incident , or Near Miss Form on EH&S's website within 24 hours of an injury, incident, or near miss.	
• I have been made aware that I have the option to seek job-related risk counseling through UHS or SMH Employee Health.	

Safety Equipment	Initials (or NA)
• I have been informed of the location of the eyewash station, and the need to flush the unit weekly, as well as providing documentation of the weekly flushing.	
• I have been informed of the location of the safety shower.	
• I know the location of the nearest fire extinguisher.	
• If I would like the ability to use a fire extinguisher, I have been trained by the Fire Safety Unit or taken EH&S Fire Extinguisher Training through MyPath.	
• If an oxygen sensor is located within my area, I have been informed of the actions to take if the alarm sounds.	
• I know how to contact Public Safety, as they can best coordinate emergency resources on campus by dialing or texting (585) 275-3333 from a campus or cell phone. For any off-site laboratory activities, 911 should be called.	

Personal Protective Equipment (PPE)	Initials (or NA)
--------------------------------------------	------------------

<ul style="list-style-type: none"> • I have been instructed on the different types and variations of PPE available. 	
<ul style="list-style-type: none"> • My Principle Investigator has selected and provided the appropriate PPE for all activities performed in the lab in accordance with the Lab's SOP or Personal Protective Equipment Program. 	
<ul style="list-style-type: none"> • My Principle Investigator/ Lab Manager has trained me on the proper use (how to put on, take off, adjust and wear), limitations, care/maintenance, useful life, and decontamination of all PPE. 	
<ul style="list-style-type: none"> • All cracked, deformed, damaged, or defective PPE is discarded and replaced. 	
<ul style="list-style-type: none"> • I have been informed that it is MY responsibility to wear the provided, necessary PPE at all times. 	
<ul style="list-style-type: none"> • If respirators are required (other than a voluntary use dust mask [Appendix A]) I have been annually medically cleared, fit tested, and trained. 	

Biological Safety	Initials (or NA)
<ul style="list-style-type: none"> • I am familiar with biohazardous agents in use in the lab and understand the routes of disease transmission and the signs and symptoms of disease of these biohazardous agents. I also understand which tasks or activities may involve exposure. 	
<ul style="list-style-type: none"> • I understand how to prevent exposures through the use of Standard Microbiological Practices, containment equipment, personal protective equipment, and waste handling protocols. At Biosafety Level 2 (BSL-2), my supervisor ensured that I am proficient in the appropriate safety techniques. 	
<ul style="list-style-type: none"> • I have been trained in correct procedures for handling biohazardous agents in the lab. • Specify Agent(s): _____ 	
<ul style="list-style-type: none"> • I have been trained in procedures for cleaning up/containment of spills of BSL-2 materials and treatment of biohazardous wastes. 	
Occupational Health:	
<ul style="list-style-type: none"> • I have read the Occupational Health section of the IBC L/LAB form, and therefore, been offered medical surveillance and vaccinations recommended by the Institutional Biosafety Committee (IBC) at no charge to myself. 	
<ul style="list-style-type: none"> • For vaccinations, including the Hepatitis B vaccination series, if I chose not to be vaccinated, I signed a declination form and gave a copy to my department (and UHS for personnel with UHS medical records). 	
<ul style="list-style-type: none"> • I have been made aware that if I am at increased risk of infection (e.g. pre-existing disease, medication, compromised immunity, pregnancy, organ transplant, or breastfeeding), I may be more likely to become infected with biological agents worked with at all Biosafety Levels, including BSL1. I know that I can seek risk-counseling (see General Safety). 	

Additional Training	Initials (or NA)
<ul style="list-style-type: none"> • I have completed the online EH&S Lab Safety Training course (required annually) in MyPath for the hazards present in my laboratory. (chemicals, biologicals, animals) 	
<ul style="list-style-type: none"> • If lasers are used, I have completed the EH&S laser safety training through MyPath, and received site-specific training on the laser that I use. 	
<ul style="list-style-type: none"> • If radioactive isotopes are used, all Radiation Safety's requirements have been met. 	
<ul style="list-style-type: none"> • If Animal research is conducted, I have met all the requirements outlined by UCAR. 	
<ul style="list-style-type: none"> • If hydrofluoric acid (HF) is used within the laboratory, I have completed the EH&S Hydrofluoric Acid Awareness training through MyPath, and received special instructions on the safe handling practices from my PI or Lab Supervisor. 	

Signature of Employee and Date

Signature of Principal Investigator or Supervisor and Date