SAFETY TRAINING RECORD for year _____

The signature list of this training record applies to the following:

3. Chemical Hygiene Plan (Laboratory Safety Manual)

1. Injury, Illness, and Prevention Plan (IIPP)

a. Job Safety Analysis (JSA) – applicable

a. Job Safety Analysis (JSA) – applicable to work locationb. Right to Know	a. Spill kit and procedures (Safety Net #13)b. Globally Harmonized System (GHS)c. Chemical Segregation (Safety Net #42)
2. Emergency Action Plan (EAP)	d. Carcinogen Use and SOP's (lab specific)
a. Building Contact	e. Chemical Waste Management
b. Emergency Contact Information (lab	4. Biosafety & Biohazards (lab specific)
specific)	a. Biological Use Authorization (BUA-lab
c. Evacuation route(s)	specific)
d. Assembly location	b. Bloodborne Pathogen Exposure Control Plan
e. First Aid kit	i. Hepatitis B declination
f. Emergency Eyewash & Shower	c. Medical Waste Management Plan
Principal Investigator: Department & Location:	
Training Material: Handou	ats, Safety Nets and lab specific plans
Print Name Signat	ture Date