

Safety Checklist for New Laboratory Workers

Name: _____

Phone: _____

1. Health & Safety Training: To be completed prior to working in the laboratory

Required Health & Safety Training:

Date Completed

- | | |
|---|-------|
| a. Supervisor OR Worker Health & Safety Awareness | _____ |
| b. Comprehensive WHMIS | _____ |
| c. Safe Campus Community | _____ |
| d. Accessibility in Service OR Teaching | _____ |
| e. Laboratory Safety – Hazardous Waste | _____ |

Additional Training based on Work/Study Area: Discuss with Supervisor

- | | |
|----------|-------|
| f. _____ | _____ |
| g. _____ | _____ |

2. Basic Safety:

Yes

You have been shown the location of:

- | | |
|-------------------------------------|--------------------------|
| a. The Lab Health and Safety Manual | <input type="checkbox"/> |
| b. Material Safety Data Sheets | <input type="checkbox"/> |
| c. Standard Operating Procedures | <input type="checkbox"/> |

You understand:

- | | |
|--|--------------------------|
| a. All injuries or incidents must be reported to supervisor | <input type="checkbox"/> |
| b. There is no food consumption in laboratories | <input type="checkbox"/> |
| c. The selection, use and maintenance of personal protective equipment | <input type="checkbox"/> |
| d. Hazardous waste procedures | <input type="checkbox"/> |

3. Emergency Equipment and Procedures:

Yes

You have been shown the location and use of:

- | | |
|--|--------------------------|
| a. Emergency phone numbers | <input type="checkbox"/> |
| b. Safety deluge shower | <input type="checkbox"/> |
| c. Eyewash station | <input type="checkbox"/> |
| d. Chemical spill kit | <input type="checkbox"/> |
| e. Fire alarm pull and extinguisher | <input type="checkbox"/> |
| f. Evacuation route and alternate routes | <input type="checkbox"/> |
| g. First aid kit | <input type="checkbox"/> |

4. Position Hazard Communication Form:

Yes

This online form has been completed with your supervisor

5. Emergency Contact:

Name: _____ Home Phone: _____ Work Phone: _____

6. Emergency Medical Instructions/Allergies:

Signature (worker): _____ Date: _____