

Laboratory Safety Training Form

I. EMPLOYEE INFORMATION:

Employee Name: _____ CSUN ID: _____ Phone: _____
Department: _____ Position Title: _____
Training Provided By: _____ Title: _____ Date: _____

II. SUBJECTS COVERED:

Basic Laboratory Rules & Standard Operating Procedures	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Content & Requirements of the Laboratory Standard	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Content, Location & Availability of the Chemical Hygiene Plan	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Use & Location of Material Safety Data Sheets (MSDS) & Other References Materials	YES <input type="checkbox"/>	NO <input type="checkbox"/>
The Exposure Limits for Hazardous Chemicals used on the Employee's Laboratory	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Signs & Symptoms Associated with Exposures to the Hazardous Chemicals used in the Laboratory(s)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Availability & use of Personal Protective Equipment (PPE)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Basic Emergency Response Procedures	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Hazards Unique to the Laboratory	YES <input type="checkbox"/>	NO <input type="checkbox"/>

III. CERTIFICATION:

I hereby acknowledge that I have received training on the subjects indicated above:

Employee Signature: _____ Print Name: _____ Date: _____