

## AUGUSTA UNIVERSITY

### LABORATORY SAFETY TRAINING CHECKLIST

Under Georgia Law and AU policies, supervisors are responsible for providing documented Right-To-Know (RTK) safety training for all employees and compliance with all pertinent safety regulations applicable to their work functions. Training can be formal or informal, individual or group-based. This form, which is required only one time, for each lab the lab worker is assigned, will be used to document specific items to be completed by the employee and his/her supervisor to successfully complete the Initial Chemical Lab Safety Training and the Initial Biosafety and Bloodborne Pathogen Safety Training. Employees will receive credit for this training after this form has been completed (**both pages**), signed and returned to EH&S. Questions should be directed to Augusta University's EH&S (706-721-2663).

**IMPORTANT:** General safety issues are covered and documented during the Initial Chemical Lab Safety training and the Initial Biosafety and Bloodborne Pathogen Safety Training. The Supervisor is responsible for verifying attendance at this training, completion of all items of laboratory specific training, and location of safety items listed below prior to the start of work.

Required Training	Date of Completion	Location of Safety Items	Date of Verification
Right-to-Know Basic Awareness with Global Harmonized System (NEW) <a href="https://www.usg.edu/facilities/rtk-ghs">https://www.usg.edu/facilities/rtk-ghs</a>		Safety Shower	
Hazardous Waste Awareness RTK <a href="http://www.usg.edu/facilities/training/hazwaste/">http://www.usg.edu/facilities/training/hazwaste/</a>		Eyewash Station	
EPA Training for AU Laboratory Staff <a href="https://video.augusta.edu/Video/2008/mcstrategies/epa/index.html">https://video.augusta.edu/Video/2008/mcstrategies/epa/index.html</a>		Fire Extinguisher	
Initial Biosafety and Bloodborne Pathogen Training. To self-assign the training, go to <a href="https://train.augusta.edu">https://train.augusta.edu</a> . Enter your JAG ID & Password then click <b>Register For Training</b> on the home page. Search for <i>Initial Biosafety and Bloodborne Pathogen Training</i> and click <b>Register</b> . If you have any questions contact the Biosafety Office: 706-721-2663 or via email: <a href="mailto:BIOSAFETY@augusta.edu">BIOSAFETY@augusta.edu</a>		First Aid Kit	
		Chemical Spill Kit	
		Gas Shutoff Valve	
		Electrical Panel Box	
		Critical Event & Emergency Response Flipchart	
		Code Red Poster	
		I am familiar with the location(s) of all safety equipment in my work area and their operation, and have demonstrated to my supervisor this knowledge	Y / N

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I am aware of the Personal Protective Equipment (PPE) requirements for the hazards within my work area (to include full length long sleeve lab coat, safety eyewear, closed toed shoes, long pants/skirt, and appropriate gloves) and can access these items.

<b>Circle One</b> Y / N
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I am current on my training per Augusta University Policies and Procedures (P&P) 4.2.01, Hazardous Chemical Protection & RTK Plan

Y / N
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I read and I understand Augusta University's Policy and Procedures P 4.2.01. Hazardous Chemical Protection & RTK Plan

Y / N
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I reviewed and understand the lab's Institutional Biosafety Committee (IBC) approved Biosafety Protocol(s) (BSPs) and Standard Operating Procedures (SOPs), and know that these documents are available to me

Y / N
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I am familiar with the Emergency Accident/Injury/Exposure procedures, and the emergency telephone numbers for DOAS and EH&S are readily available to me with detailed instructions on the Critical Event and Emergency Response Guide

Y / N
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I am aware of the potential hazards in the lab and any increased risks of infection that may exist in the lab. Prophylactic medical measures (e.g. vaccinations) were discussed with me

Y / N
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### PI Attestation Statement:

By signing below, I agree to add the individual to my biosafety protocol (BSP) and to my chemical safety permit. I will provide laboratory and hazard specific training as needed to ensure safe work practices in my laboratory.

### Employee's Name & Signature

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Supervisor's Name & Signature:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ICC Number \_

BSP Number \_

**Return signed form within 10 days from starting in the lab to the Chemical Safety Office at: CI-1009**