

# SUPERVISED LAB SAFETY TRAINING

**Note:** These trainees must never work unsupervised. If there is any chance that the trainee will be doing any type of work in the lab alone (including computer work), then other training is required. Please contact Travis Wakeham ([twakeham@mtu.edu](mailto:twakeham@mtu.edu)) if you have any questions.

## ***Trainee Information:***

Name: (print) \_\_\_\_\_ M#: \_\_\_\_\_ Email: \_\_\_\_\_

## ***Supervisor Information:***

Name: (print) \_\_\_\_\_

## **Training Instructions:**

### **Watch Biology Lab Safety Training Video (~ 5 minutes)**

Video is located online at: <http://www.mtu.edu/biological/facilities/safety/video/>

### **Complete a safety orientation with your supervisor:**

- |   |  |
|---|--|
| <input type="checkbox"/> Importance of safety in your work area                         | <input type="checkbox"/> Chemical handling and storage procedures                          |
| <input type="checkbox"/> Evacuation procedures and routes                               | <input type="checkbox"/> Methods for disposing of laboratory waste                         |
| <input type="checkbox"/> Location and use of safety equipment (eye wash, showers, etc.) | <input type="checkbox"/> Location of Safety Data Sheets (SDS)                              |
| <input type="checkbox"/> Location and use of Personal Protection Equipment (PPE)        | <input type="checkbox"/> Other research lab safety your supervisor deems necessary         |
| <input type="checkbox"/> Location of Standard Operating Procedures (SOPs)               | <input type="checkbox"/> Additional training for task specific duties from your supervisor |

### **Obtain specific safety training before any lab experiments/activities from your supervisor as needed.**

I have completed the safety training as described above:

\_\_\_\_\_  
Trainee's Signature

\_\_\_\_\_  
Date

I have completed the safety orientation with the trainee as described above and will continue to provide safety information as needed. I understand that the trainee must be supervised at all times.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

**RETURN COMPLETED SHEET TO THE MAIN OFFICE (DOW 740)**