

# ME-EM \* Employee/Student Safety Orientation and Training Checklist \*

Basic and Lab Specific training must be completed annually for lab access to be approved.

Employee/Student Name \_\_\_\_\_ Dept \_\_\_\_\_ M # \_\_\_\_\_

Expected Graduation Date \_\_\_\_\_ e-mail \_\_\_\_\_

Undergraduate  Graduate  Staff  Faculty Lab Supervisor \_\_\_\_\_

## Basic Safety Training

Basic safety training achieved by:

- Graduate Orientation
- MEEM 2901 Training
- Video training (**print questionnaire and return with this form**)  
<http://www.mtu.edu/mechanical/facilities/safety/>

- |  |  |
|--|--|
| <input type="checkbox"/> Right-to-Know Law                                 | <input type="checkbox"/> Labeling              |
| <input type="checkbox"/> Laboratory Specific Standard Operating Procedures | <input type="checkbox"/> Waste Handling        |
| <input type="checkbox"/> Chemical Procurement, Storage, Handling           | <input type="checkbox"/> Housekeeping          |
| <input type="checkbox"/> Personal Protection Equipment                     | <input type="checkbox"/> Engineering Controls  |
|  | <input type="checkbox"/> Emergency Action Plan |

Employee/Student Signature \_\_\_\_\_ Date \_\_\_\_\_

(Signature acknowledges that training in the above topics was received)

## Laboratory Specific Training

- |   |  |
|---|--|
| <input type="checkbox"/> Introduction to operations where chemical and physical hazards are present / types of hazards encountered. | <input type="checkbox"/> Emergency procedures                    |
| <input type="checkbox"/> Required work practices  | <input type="checkbox"/> Detection of chemical hazards           |
| <input type="checkbox"/> Personal Protection Equipment  | <input type="checkbox"/> Location and training on SOP(s), SDS(s) |
|   | <input type="checkbox"/> Labeling system                         |

Training Completed by \_\_\_\_\_ Date \_\_\_\_\_

(Print name of trainer)

For Building/Room Number \_\_\_\_\_ Key Required?  Yes

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

(Signature acknowledges that training in the above topics was received)

.....

## Safety training verification

Trainer Signature \_\_\_\_\_ Date \_\_\_\_\_

(if different from Lab Supervisor)

Lab Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

(Signature(s) above acknowledges that the above topics have been adequately communicated)

.....

## When keys are to be issued

Reason for request:  Senior Design/Enterprise  Undergraduate Research  Graduate Research  
 Other \_\_\_\_\_

I understand that in providing key(s) to ME-EM laboratories and/or facilities to the undergraduate student I am responsible for insuring that the student(s) receive ME-EM Department required safety training and behave responsibly in the use of any equipment and facilities.

Lab Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

## If undergraduate student

Department Head Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this for to Jillian Isaacson in room MEEM 815