ME-EM Safety Orientation and Training Record

Employee/Student Name ________________________ Dept_______________ M#_________________

Expected Graduation Date________________________ Email________________________________

[ ] Undergraduate [ ] Graduate [ ] Staff [ ] Faculty [ ] Other_______________

General Safety Orientation

Check the boxes for training received:

[ ] Graduate Orientation [ ] MEEM 2901 Training
[ ] 6th Floor Training Specialists [ ] Video Training

Video: http://www.mtu.edu/mechanical/facilities/safety/ (print completed quiz and return with this form)

Laboratory Specific Training for Building/Room Number: ________________________________

[ ] Introduction to operations where chemical and physical hazards are present/types of hazards encountered
[ ] Detection of chemical hazards

[ ] Required work practices [ ] Location and training on SOP(s), SDS(s)

[ ] Personal Protection Equipment (PPE) [ ] Labeling system for chemicals

[ ] Emergency procedures [ ] Disposal of waste and hazardous materials

Lab Key/Card Access Request

[ ] Key needed for Building/Room No. _____ [ ] Card Access Needed for _____________

Reason for Request:

[ ] Senior Design/Enterprise [ ] Undergraduate Research [ ] Graduate Research [ ] Other ________________

Signatures

Employee/Student _________________________________ Date _____________

Trainer Signature _________________________________ Date _____________

Lab Supervisor _________________________________ Date _____________

ME-EM Safety Officer _________________________________ Date _____________

*If an undergraduate student is provided key(s) to ME-EM laboratories and/or facilities the Lab Supervisor is solely responsible for insuring the student(s) receive ME-EM Department required training and behave responsibly in the use of any equipment and facilities.

* ME-EM Department Chair _________________________________ Date _____________

Please return this form to Debra Linn in room ME-EM 815