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