Saint Louis University

Laboratory Specific Training Outline

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| --- | --- | --- | --- | --- |
| Employee Name: |  |  | Principal Investigator: |  |

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| --- | --- | --- | --- | --- |
| Department: |  |  | Building/Rooms/Laboratories: |  |

**All laboratory faculty, staff, students, and volunteers shall review and complete the following upon initial hire and any time a new significant hazard is introduced into the work area:**

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| **Review and list the location of the following items:** | **Date Completed:** |
| Laboratory Safety Manual location: |  |
| * Chemical Hygiene Plan reviewed on: |  |
| Copies of SDS location: |  |
| Hazardous chemical inventory location: |  |
| First aid kit location: |  |
| **Personnel has been instructed on:** | **Date Completed:** |
| Properly labeling ALL chemical waste with the following:   * Hazardous Waste * All contents within the container * Accumulation start date (mm/dd/yyyy) |  |
| Properly disposing of ALL biological waste:   * Sharps in an OSHA approved sharps container * Location of biowaste boxes/autoclave procedures |  |
| Properly labeling ALL chemical containers with the following:   * Chemical Name * Concentration (if applicable) * Hazard Class (Flammable, Toxic, Corrosive, etc.) |  |
| Detecting the presence or release of a hazardous chemical and how to report concerns (Odor, color change, etc.) |  |
| Biological and chemical spill procedures |  |
| Laboratory specific standard operating procedures (SOPs) and/or protocols |  |
| Appropriate personal protective equipment (PPE) use and storage location |  |
| Location of the nearest eye wash station, safety shower, and fire extinguisher |  |
| Location of emergency contact information (PI, EHS, DPS, OHP) |  |
| All applicable emergency procedures |  |
| Proper storage of hazardous chemicals (compatibility, conditions) within the lab |  |
| Proper use of specific laboratory equipment |  |
| An acceptable location for food and drinks outside of the lab |  |

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| Training Administered by: |  |

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| Employee Signature: |  | Date: |  |