

PURPOSE: To help laboratories at The Ohio State University ensure that all staff and students conducting research are adequately trained and that training is properly documented.

Laboratory specific research safety training is the responsibility of the Principal Investigator and this checklist may not be all-inclusive for every laboratory. Please attach documentation for additional laboratory-specific training.

Employee/Student Name: _____ Employee/Student OSU ID#: _____

Principal Investigator: _____

IACUC #'s the Employee/Student is listed on: _____

IBC #'s the Employee/Student is listed on: _____

Radioactive Permit the Employee/Student is listed on: _____

| GENERAL | | TRAINER | DATE COMPLETED |
|--|-------------------------------------|---------|----------------|
| The employee/student has completed all applicable online EHS training programs. | | | |
| Building Emergency Action Plan (BEAP) | Lab Standard Training | | |
| Bloodborne Pathogens Initial Training | Biological Safety Training for BSL2 | | |
| Autoclave Safety | Biological Safety Cabinets | | |
| Dual Use Research of Concern Training | Infectious Waste Disposal | | |
| Lentiviral Vectors Training | 3M PAPR Airmate HEPA Training | | |
| Emergency Eyewash & Safety Shower | Nanotechnology | | |
| Personal Protective Equipment | Respiratory Protection | | |
| Chemical Safety | Chemical Spill Cleanup | | |
| Compressed Gas Cylinder Safety | Cryogenic Materials Training | | |
| Cyanide Safety | Electrical Safety | | |
| Formaldehyde Safety | Fume Hood Safety | | |
| Hydrofluoric Acid | Laboratory Manger Safety Training | | |
| Local Exhaust Ventilation (LEV) | Toxicology Training | | |
| Ultraviolet Radiation (UV) | Laser Safety | | |
| Radiation Safety Course | | | |
| The employee/student is trained in the standard microbiological practices and procedures for the laboratory. | | | |
| The employee/student is trained in the proper work practices to ensure adequate protection from the hazards in the laboratory. | | | |
| The employee/student is trained in the proper use and preparation of laboratory disinfectants. | | | |
| The employee/student is trained in the proper disposal methods for hazardous materials (biological, chemical, or radiological). | | | |
| The employee/student is trained in the proper procedures for all equipment in the laboratory (e.g. fume hoods, biological safety cabinets, etc.) | | | |
| The employee/student is trained in the security requirements for biological, chemical, and radiological materials in the laboratory. | | | |

| GENERAL CONT. | | TRAINER | DATE COMPLETED |
|--|--|----------------|-----------------------|
| | The employee/student is trained to understand the facility requirements (e.g., door to the laboratory to be kept close, no gloved hands in the hallways, use of secondary transport containers, etc.). | | |
| | The employee/student listed on Radioactive materials permit has participated in initial in lab training for the use of radioactive materials. | | |
| EMERGENCY PROCEDURES | | TRAINER | DATE COMPLETED |
| | The employee/student is aware of and understands all safety signage. | | |
| | The employee/student is aware of the building emergency evacuation route. | | |
| | The employee/student is aware of the location of the chemical spill kit and understands the spill cleanup procedures for the chemicals present in the laboratory. | | |
| | The employee/student is aware of the location of the biological spill kit and understands the spill cleanup procedures for the chemicals present in the laboratory. | | |
| | The employee/student is aware of the location of the eye wash and safety shower and understands how to use them. | | |
| | The employee/student is aware of the location of the first aid kit. | | |
| | The employee/student is aware of the location of the nearest fire alarm and fire extinguisher. | | |
| | The employee/student can locate the list of emergency contacts. | | |
| PERSONAL PROTECTIVE EQUIPMENT (PPE) | | TRAINER | DATE COMPLETED |
| | The employee/student is trained to know the appropriate PPE to wear to ensure adequate protection from the hazards in the laboratory. | | |
| | The employee/student is trained to doff PPE prior to leaving the laboratory. | | |
| EMPLOYEE/STUDENT HEALTH | | TRAINER | DATE COMPLETED |
| | The employee/student is aware of all biological, chemical, radiological, and other hazards in the laboratory. | | |
| | The employee/student has completed an occupational risk assessment via the Online Risk Assessment Tool orrr.osu.edu/iacuc/occhealth | | |
| | The employee/student knows and understands the signs and symptoms associated with exposure to the hazards in the laboratory and how exposure can occur (e.g., skin contact, respiratory, eyes). | | |
| | The employee/student is trained to know that eating, drinking or storage of food/beverages is not permitted in any laboratory area, including desks located within laboratories. | | |
| REPORTING | | TRAINER | DATE COMPLETED |
| | The employee/student is trained in the proper procedures to report incidents and injuries (e.g., the need to report incidents to the supervisor immediately, types of incidents that need to be reported, etc.). | | |
| | The employee/student is trained in the proper procedures to report accidents involving rDNA and biohazards. | | |



| REFERENCES | TRAINER | DATE COMPLETED |
|--|---------|----------------|
| The employee/student has reviewed and understands the laboratory's Chemical Hygiene Plan. | | |
| The employee/student has reviewed and understands the laboratory's Exposure Control Plan. | | |
| The employee/student has been provided instructions for accessing the NIH Guidelines: osp.od.nih.gov/biotechnology/nih-guidelines/ | | |
| The employee/student has been provided instructions for accessing OSU's Institutional Biosafety Manual: ehs.osu.edu/sites/default/files/complete_bsm.pdf | | |

I have met with this employee/student and have verified that the applicable training has been completed.

PI Signature: _____ Date: _____

My supervisor has reviewed the checked items with me. I understand this information and feel comfortable with my training, knowledge, and ability to adhere to safety practices, laws, rules, and guideline.

Employee/Student Signature: _____ Date: _____

Be safe today and remain a Buckeye tomorrow.