**Laboratory Safety Training Worksheet**

***What?*** *This document outlines EHS training available to personnel working in a lab setting.*

***You are required to take all trainings from the list below that apply to your position****. Fill this document out with your PI/Supervisor to determine which trainings apply; see the reverse side of this document for a summary of each training.*

***Who?*** *Principal Investigators (PIs), lab supervisors, research personnel, graduate students, undergraduate students, and volunteers working in laboratories.*

\*Please find the date and time for EHS in-person training sessions at

<https://safety.uoregon.edu/srs-safety-resources-and-training>. Register through MyTrack.

Online trainings available on MyTrack or Community Canvas (email ehsinfo@uoregon.edu access request to CC).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Training Requirement | Necessary for your position | Provided By | Frequency | Date Completed |
| Laboratory Safety Training \* | Yes [x]  |  | EHS  | Initial |  |
| Hazardous Waste Management Training \* | Yes [x]  |  | EHS | Initial |  |
| UO Fire Protection in the Labs  | Yes [x]   |  | EHS online | Initial |  |
| Laboratory Safety Training Refresher | Yes [ ]  | No [ ]  | EHS  | Annual |  |
| Bloodborne Pathogens Training | Yes [ ]  | No [ ]  | EHS online | Annual |  |
| Biosafety Level 2 Training  | Yes [ ]  | No [ ]  | EHS online | Initial |  |
| Laser Safety Training  | Yes [ ]  | No [ ]  | EHS online | Initial |  |
| Radiation Safety | Yes [ ]  | No [ ]  | EHS online | Initial |  |
| Radiation Safety Refresher | Yes [ ]  | No [ ]  | EHS online  | 3 years |  |
| Respiratory Protection | Yes [ ]  | No [ ]  | EHS | Annual |  |
| Shipping Dangerous Goods  | Yes [ ]  | No [ ]  | EHS | 2 Years |  |
| Animal Occupational Health & Safety | Yes [ ]  | No [ ]  | EHS online | Initial |  |
| CPR, AED, First Aid | Yes [ ]  | No [ ]  | SRC | 2 Years |  |
| Lab Specific Training (non-EHS)Instructor: | Yes [x]  |  | Laboratory | Initial |  |
|  |  |  |  |  |  |

Once all required trainings are completed and the training dates are recorded in the table above have your supervisor sign below. Save this document as a record of your safety trainings.

Lab member name (printed) Signature:

Supervisor Signature: Date: