**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](mailto:ehsinfo@uoregon.edu) access request to CC).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Training Requirement | Necessary for your position | | Provided By | Frequency | Date Completed |
| Undergraduate Laboratory Safety Training \* | Yes |  | EHS & online | Initial |  |
| UO Fire Protection in the Labs | Yes |  | 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 |  | 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: