



## Undergraduate Laboratory Safety Training Worksheet

**What?** This document outlines EHS training classes available and recommended Lab Specific Training offered 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?** Undergraduate students in laboratories.

Please find the listing of all EHS training courses online at

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

Training Requirement	Necessary for your position		Provided By	Frequency	Date Completed
UO Fire Protection in Labs Training	Yes <input type="checkbox"/>	No <input type="checkbox"/>	online	Initial	
Undergraduate Laboratory Safety Training	Yes <input type="checkbox"/>	No <input type="checkbox"/>	online/ EHS	Initial	
Laboratory Safety Training Refresher	Yes <input type="checkbox"/>	No <input type="checkbox"/>	EHS	Annual	
Bloodborne Pathogens Training	Yes <input type="checkbox"/>	No <input type="checkbox"/>	online	Annual	
Biosafety Level 2 Training (optional)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	online	Initial	
Hazardous Waste Management Training	Yes <input type="checkbox"/>	No <input type="checkbox"/>	online	Initial	
Laser Safety Training	Yes <input type="checkbox"/>	No <input type="checkbox"/>	online/ EHS	Initial	
Radiation Safety	Yes <input type="checkbox"/>	No <input type="checkbox"/>	online	Initial	
Respiratory Protection	Yes <input type="checkbox"/>	No <input type="checkbox"/>	EHS	Annual	
Fundamentals of Laboratory Safety	Yes <input type="checkbox"/>	No <input type="checkbox"/>	online	Annual	
Animal Occupational Health & Safety	Yes <input type="checkbox"/>	No <input type="checkbox"/>	online	Initial	
CPR, AED, First Aid	Yes <input type="checkbox"/>	No <input type="checkbox"/>	SRC	2 Years	
Lab Specific Training (non-EHS) Instructor:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Laboratory	Initial	
Lab Specific SOP Training: Instructor:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Laboratory	Initial and when SOPs are changed	
Lab Specific SOP Training: Instructor:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Laboratory		

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: \_\_\_\_\_