**Site-Specific Safety Orientation & Training for New Laboratory Personnel**

Revised - 10/2013

Prior to completing this site safety orientation and training, all laboratory personnel must have successfully completed the [UC Laboratory Safety Fundamentals](http://safetyservices.ucdavis.edu/tr/lmsL/UCLabsf) course. Completion of this training is required prior to personnel being granted unescorted access to the laboratory. This serves to satisfy components of the [University of California Policy - Laboratory Safety Training](http://policy.ucop.edu/doc/3500598/LabSafetyTraining) and UC Davis policy [PPM290-56](http://manuals.ucdavis.edu/PPM/290/290-56.pdf).

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| I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ confirm receipt of training on the listed topics on | | |
| (print name, trainee) | | |
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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. All of my questions regarding | | |
| (date) | (print name, trainer) | |
| this material have been answered. Topics have been initialed, or marked with an “X” where not applicable. | | |
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| (signature, trainee) | | (signature, trainer) |

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| **Initial** | | **Topic** | **Action** | | |
| **EMERGENCY PROCEDURES** | | | | | |
|  | **Fire Alarm Pull Station:** | | Show location(s) and proper activation. | | |
|  | **Eye Wash / Safety Showers:** | | Show location(s) and proper operation. | | |
|  | **Spill Procedures** | | Show location of spill kit(s), SafetyNets [#13](http://safetyservices.ucdavis.edu/snfn/safetynets/snml/sn13/SN13pdf) and [#127](http://safetyservices.ucdavis.edu/snfn/safetynets/snml/sn127/sn127pdf) (if applicable), and describe procedures. | | |
|  | **First Aid Kits:** | | Location(s) and description of contents. | | |
|  | **Phone:** | | Location(s), detail dialing instructions, ‘911’ dialing instructions, bomb threat card. | | |
|  | **Emergency Response Guide:** | | Location(s) of flipchart guide, discuss scenario actions | | |
|  | **Emergency Action Plan:** | | Review Emergency Action Plan. Demonstrate both paths to Emergency Assembly Area. Review evacuation procedures for disabled employees if applicable. | | |
|  | **Warn Me:** | | Enroll in UC Davis [Warn Me](https://warnme.ucdavis.edu/) emergency alert system, recommend registering cellular phone number. | | |
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| **ENGINEERING CONTROLS** | | | | | |
|  | **Chemical Fume Hood(s):** | | Demonstration of proper use, instruction on adjustable controls, flow sensor function, and training requirements. | | |
|  | **Biological Safety Cabinet(s):** | | Demonstration of proper use, instruction on adjustable controls and training requirements. | | |
|  | **Chemical Storage Location(s):** | | Location(s) and segregation rules, volume limits (>10 gallons requires flammable storage cabinet). | | |
|  | **Other Controls (*e.g.*, Glove Boxes, Snorkels, Gas Cabinets, Paint Booths, Laminar Flow Benches):** | | Demonstration of proper use, instruction on adjustable controls. | | |
|  | Describe in detail: | | | | |
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| **ADMINISTRATIVE CONTROLS** | | | | | |
|  | **Laboratory Safety Manual (incl. Chemical Hygiene Plan):** | | | | Location and content description. Also, any applicable Laboratory Safety Plan(s) location and content. |
|  | **Safety Data Sheets (SDSs):** | | | | Demonstrate electronic access and describe laboratory repository of hard copy SDSs, if applicable |
|  | **Standard Operating Procedures (SOPs):** | | | | Location of lab’s SOPs, describe required approvals. Identification of chemical processes / areas requiring specific SOP use, and laboratory safety rules. |
|  | Describe in detail: | | | | |
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| **PERSONAL PROTECTIVE EQUIPMENT** | | | | | |
|  | **Determine Hazard-Specific Safety Training:** | | | Consult [UC Davis Training Matrix for Laboratory Personnel](http://safetyservices.ucdavis.edu/ps/cls/cals/UCD_labpersonnel_training_matrix_20130916.pdf), enroll in courses | |
|  | **Lab Coat:** | | | Provide at no cost fitted laboratory coats. Some labs/hazards require flame resistant coats.  ● Type: □ Cotton/Blend □ Barrier □ Flame Resistant  Size:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | **Eye Protection:** | | | Provide at no cost pair(s) of safety eyewear. Glasses must fit appropriately, be comfortable to wear, and stay securely in place. For labs where goggles must be worn provide pair(s) of fitted chemical splash goggles. When a face shield is required, demonstrate proper use, care and storage.  ● Corrective Prescription Y / N  Model:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | **Gloves:** | | | Location(s), provide knowledge and resources to select correct type. Instruct proper procedure to don and doff. | |
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| **OTHER** | | | | | |
|  | **Department IIPP:** | | | Location and review | |
|  | **Hazardous Waste:** | | | Overview of laboratory hazardous waste procedures. Location(s) of accumulation area, demonstrate proper labeling, describe proper storage requirements, and detail pickup/removal procedures. | |
|  | **Specialized Equipment:** | | | Review of safety procedures for proper operation. *e.g.*, UV light, laser, high voltage equipment, superconducting magnets, cryogen handling, high/low vacuum, etc… | |
|  | Describe in detail: | | | | |
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