

EHS Provided e-Learning Course

Dear Trainee:

A record of completion of this e-Learning course will be added to your HR Self Service site under “My Training”. By completing the blanks below, you are verifying that you have successfully completed EHS’s e-learning course. Provide this form to your supervisor or designated work area trainer.

Employee Name (Please Print)

Job Title

Supervisor or Designated Work Area Trainer (Please Print)

Department

To finish your training requirement, you must also know specific information unique to your own work area. Use the checklist below with your supervisor or designated work area trainer as a guide for reviewing site-specific training items.

Site-Specific Training Checklist

Y N/A

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Shown how to access and use the department's Exposure Control Plan (ECP). |
| <input type="checkbox"/> | <input type="checkbox"/> | Informed of who the Exposure Control Officer (ECO) is. |
| <input type="checkbox"/> | <input type="checkbox"/> | Shown how to reduce risk or exposure to infectious materials in performing his/her job. |
| <input type="checkbox"/> | <input type="checkbox"/> | Shown how to handle and dispose of sharps and biohazardous waste. |
| <input type="checkbox"/> | <input type="checkbox"/> | Shown the use of engineering controls such as sharps containers, biological safety cabinets, mechanical pipettors, safe needle devices, and/or needleless systems. |
| <input type="checkbox"/> | <input type="checkbox"/> | Informed of what personal protective equipment (e.g., gloves, eye protection) is required for specific tasks and how to obtain, use, and maintain it. |
| <input type="checkbox"/> | <input type="checkbox"/> | Informed of spill response procedures and the location and use of spill kits. |
| <input type="checkbox"/> | <input type="checkbox"/> | Informed of the location and use of eyewash stations and emergency showers. |
| <input type="checkbox"/> | <input type="checkbox"/> | Informed of what to do in the event of an exposure incident. |
| <input type="checkbox"/> | <input type="checkbox"/> | Informed of how to obtain the hepatitis B vaccine series and the need to complete the Hepatitis B Immunization Survey through UEHC within 10 working days. |
| <input type="checkbox"/> | <input type="checkbox"/> | If there are additional items to be covered, specify here: |

Verification of Training: I verify that the site-specific training items were reviewed and understood.

Supervisor or Designated Work Area Trainer

Date

Employee Signature

Date

KEEP THIS RECORD AS PROOF OF YOUR COMPLETED TRAINING

The Supervisor or Designated Work Area Trainer must maintain a copy of this record.