



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

- The employee has read the Chemical Hygiene Plan.
- Informed of location and how to access the Chemical Hygiene Plan.
- Shown how to quickly access MSDSs for materials used in the laboratory.
- Notified if supervisory approval is needed before using certain hazardous chemicals.
- Instructed to review lab SOPs or specific lab safe work practices.
- Informed that if a new hazard is introduced into the lab, additional training may be required.
- Informed of signs and symptoms associated with exposure to hazardous chemicals used in the laboratory.
- Trained on method used to detect the presence or release of hazardous chemicals used in the laboratory.
- Instructed on the correct use of chemical fume hoods, biosafety cabinets, chemical storage cabinets, refrigerators, and other equipment and engineering controls specific to the laboratory.
- Instructed on the types of personal protective equipment (PPE) that are required for specific tasks and knows how to obtain, use and maintain such equipment.
- Shown the location of and how to use eyewash stations and emergency showers.
- Shown how to handle and dispose of chemical waste according to UI waste guidelines.
- Instructed on lab emergency procedures including spill response; informed of spill kit location, emergency contact list and how to access UI Critical Incident Management Plan.

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.