

### SAFETY TRAINING CHECKLIST - NEW EMPLOYEES

Name: \_\_\_\_\_

Section Assigned to: \_\_\_\_\_

Trainer: \_\_\_\_\_ Date of Start of Training: \_\_\_\_\_

**To the Trainee:** This is meant purely as an introduction to the general safety program in the DSS laboratory. Safety information that is Unit / SOP specific will be introduced during your training within your assigned section. Topics should be initiated as they are introduced. Questions are encouraged at any time. If training occurs over several days please write the date for the specific topic.

***It is the responsibility of the trainee to complete any trainings assigned in Qualtrax and to return the completed form to the Quality Manager for signature of completion.***

Topic	Initials (trainee)	Date
Introduction to the DSS Safety Manual (location in Qualtrax)		
Introduction to chemical safety plan (location of SDS)*		
Introduction to Blood borne pathogens plan*		
Location of Safety References in Qualtrax		
Introduction to Building Security		
Walk through of building including: emergency exits/area of refuge/evacuations meeting site/general lay out/silent alarm locations		
Role of the safety officer in the laboratory		
Role of the employee in maintaining a safe laboratory		
Introduction to eye wash/shower use in area assigned*		
Introduction to "clean areas" where lab coats/masks/gloves cannot be worn*		
Availability of PPE (lab coats, gloves, eye protection etc.)*		
Health Monitoring		
Availability of Hepatitis vaccine (if decline must sign waiver)		
Lead monitoring – Firearms Unit only		
Other Topics:		
Lead compliance – Firearms Unit only (training to be assigned in Qualtrax)		

\*Required for Analysts and Support personnel with the expectation of handling evidence or chemicals only.

The trainee has been introduced to the topics listed above and has been given the opportunity to ask questions regarding safety topics within the Division of Scientific Services Laboratory.

Quality Manager: \_\_\_\_\_ Date: \_\_\_\_\_