

LAB ORIENTATION CHECKLIST

Last Name	First Name	Phone number
Department	Position	Supervisor/P.I.

Every lab employee/student and their Supervisor/P.I. should complete this checklist before the employee begins working independently in their M. B. After all topics have been reviewed and are clearly understood by the lab employee/student, please sign at the bottom of the form. B O E retain a copy in your department

1 M F B T F D I F D L B M M U I B U B Q Q M Z U P Q P T J U J P O

Emergency procedures / locations	Personal protective equipment (PPE)	OHSE training	Lab specific training / equipment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> WHMIS	<input type="checkbox"/> V T F P G fumehoods
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> gloves / hand Q S P U F D U J P O	<input type="checkbox"/> Biosafety	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> safety footwear	Biosafety emergency response procedures	
exits	respirators		
eyewash station / shower	hearing protection		V T F P G BSCs - ') T
fire pull stations			review of SOPs
fire extinguishers			