

Safety Training and Orientation Verification Checklist

Instructions:

Trainee: Print Learning Transcript from the Skillsoft training website by going to My Profile → Learning Transcript. Bring Skillsoft transcript, asbestos training certificate, completed safety orientation checklist, and this form to your supervisor for verification. After verification make two copies of the materials and give the original to the BSE main office, give one copy to your supervisor and keep the final copy for your records.

Supervisor: Verify that required training and any additional training required for your research group (i.e.- biosafety, food safety, driver safety, etc.) has been completed and sign. Keep a copy for your records

Required general safety training and safety orientation for all Biological Systems Engineering faculty, staff, students, volunteers and visitors:

- ☐ [Safety Orientation Checklist](#)
- ☐ [Pandemics: Slowing the Spread](#)
- ☐ [Disinfecting the Workplace for COVID-19](#)
- ☐ [Back Safety and Injury Prevention](#)
- ☐ [Slips, Trips and Falls](#)
- ☐ [Emergency and Fire Safety Preparedness](#)
- ☐ [Portable Fire Extinguisher Safety](#)
- ☐ [Office Ergonomics](#)
- ☐ [University Laboratory Safety - Working Safely](#)
- ☐ [Asbestos Hazard Awareness -](#) Note that this course is located in a different training system and you will need to have your employee ID number, and your supervisor's name and email address available at the time you participate in the training. Be sure to save the training certificate.

Laboratory safety training required for any Biological Systems Engineering faculty, staff, students, volunteers, and visitors who are working in laboratories.

- ☐ [University Laboratory Safety – Analyzing Chemical Hazards](#)
- ☐ [University Laboratory Safety – Analyzing Physical Hazards](#)
- ☐ [University Laboratory Safety – Analyzing Developing and Using Controls](#)
- ☐ [Risk Assessment](#)
- ☐ [PPE – Eye and Face Protection](#)
- ☐ [PPE – Hand Protection](#)

Name of faculty, staff, student, volunteer, or visitor: _____

Completion of training verified by: _____ Date: _____
Name of Supervisor