

NCCU Initial Laboratory Training Record

*****Must download form to complete/submit****

Submit completed form within first 30 days of employment

Name:

Start date:

Laboratory PI:

End date:

☐ Laboratorian submitted [NCCU Laboratory Worker Registration Form](#)

Item	Required		Date Completed
	Yes	No	
Laboratory Orientation			
Emergency evacuation routes and indoor and outdoor emergency assembly points	<input type="checkbox"/>	<input type="checkbox"/>	
How to report an incident or accident including exposure	<input type="checkbox"/>	<input type="checkbox"/>	
Location of safety showers and eyewash stations	<input type="checkbox"/>	<input type="checkbox"/>	
Location of fire extinguishers and closest fire alarm pull station	<input type="checkbox"/>	<input type="checkbox"/>	
First aid kit	<input type="checkbox"/>	<input type="checkbox"/>	
Location of all laboratory spill kits	<input type="checkbox"/>	<input type="checkbox"/>	
Access to Safety Data Sheets (SDS)	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency shutoffs for laboratory equipment	<input type="checkbox"/>	<input type="checkbox"/>	
Review compressed gas safety sheet	<input type="checkbox"/>	<input type="checkbox"/>	
Lab-specific risk assessments, pathogen safety data sheets and/or work plans for hazardous materials, equipment, or processes	<input type="checkbox"/>	<input type="checkbox"/>	
Required PPE for lab including use and limitations	<input type="checkbox"/>	<input type="checkbox"/>	
Laboratory hazardous waste management protocols	<input type="checkbox"/>	<input type="checkbox"/>	
Location and review of required Plans and Manuals			
NCCU Laboratory Safety Manual	<input type="checkbox"/>	<input type="checkbox"/>	
Lab Specific Laboratory Safety Plan	<input type="checkbox"/>	<input type="checkbox"/>	
NCCU Chemical Safety and Hygiene Plans	<input type="checkbox"/>	<input type="checkbox"/>	
NCCU Radiation Safety Manual	<input type="checkbox"/>	<input type="checkbox"/>	
NCCU Exposure Control Plan (Bloodborne Pathogens)	<input type="checkbox"/>	<input type="checkbox"/>	
NCCU Respiratory Protection Plan	<input type="checkbox"/>	<input type="checkbox"/>	
NCCU Biosafety Manual	<input type="checkbox"/>	<input type="checkbox"/>	
Successful completion of NCCU required training			

Orientation for the Laboratory Environment (includes Chemical, Biological, Fire & Life Safety, Haz Waste Program)	<input type="checkbox"/>	<input type="checkbox"/>	
Autoclave training and quiz	<input type="checkbox"/>	<input type="checkbox"/>	
Radiation Safety training	<input type="checkbox"/>	<input type="checkbox"/>	
Bloodborne Pathogens training and quiz	<input type="checkbox"/>	<input type="checkbox"/>	
Respiratory Protection training and quiz	<input type="checkbox"/>	<input type="checkbox"/>	
Formaldehyde training	<input type="checkbox"/>	<input type="checkbox"/>	
Biosafety Cabinet training	<input type="checkbox"/>	<input type="checkbox"/>	
Fume Hood training	<input type="checkbox"/>	<input type="checkbox"/>	
Biosafety training	<input type="checkbox"/>	<input type="checkbox"/>	
Compressed gas training	<input type="checkbox"/>	<input type="checkbox"/>	
Centrifuge training	<input type="checkbox"/>	<input type="checkbox"/>	
Laser training	<input type="checkbox"/>	<input type="checkbox"/>	

By signing this form, I agree that I have been trained on the above checked items.

Trainee name (print):

Trainee signature:

Date:

Lab-Specific Training was provided on the above checked items by:

PI/designee name (print):

PI/designee signature:

Date:

EHS Review of Safety Record

EHS Specialist/Director (print):

Signature:

Date:

Please click submit for EHS review and signature once completed

SUBMIT

Signed forms will be returned to the Lab Safety Supervisor via email. Fully executed form must be retained in the lab with the laboratory safety information as long as the trainee remains working in the laboratory.

Retired forms may be sent to ehs@nccu.edu for retention.