

Safety Training Log

Name: _____

Supervisor/PI: _____ Program: _____

Hepatitis B Immunizations Yes No

Immunization Form on File: Yes No

Other Immunizations _____ Yes No

Immunization Form on File: Yes No

TB Testing (Date: _____)

Classes

Initial Biosafety Training (Date: _____)
Refresher Biosafety Training (Annually)
a) _____ b) _____ c) _____ d) _____ e) _____

Bioshipping and Receiving (Date: _____)
Refresher Bioshipping (every 2 years)
a) _____ b) _____ c) _____ d) _____ e) _____

Biological Agents and Bloodborne Pathogens (Date: _____)
Refresher Bloodborne Pathogens Training (Annually)
a) _____ b) _____ c) _____ d) _____ e) _____

Initial Radiation Safety Training (Date: _____)
Refresher Radiation Safety Training (Annually)
a) _____ b) _____ c) _____ d) _____ e) _____

Initial Hazardous Waste Generator Safety Training (Date: _____)
Refresher Hazardous Waste Generator Safety Training (Annually)
a) _____ b) _____ c) _____ d) _____ e) _____

Initial Fire Safety Training (Date: _____)
Refresher Fire Safety Training (Annually)
a) _____ b) _____ c) _____ d) _____ e) _____

Chemical/Lab Safety (one-time only) (Date: _____)

Protection of Human Research Subjects (Date: _____)