

SAFETY TRAINING RECORD

All employees must receive training and orientation in the hazards of their work sites and the procedures which must be followed to safely perform their work. This training record must be completed by each employee with the assistance of their supervisor. Once completed, keep a copy and return the original to either: Norma Cooper (Research Pavilion); Jeff Helm (Heather Pavilion); or Susan Moore (Jack Bell Research Centre). The completed forms will be kept on file for possible review by WorkSafeBC inspectors or internal auditors.

Name: _____

Position: _____ Start Date: _____

Supervisor:

Name: _____

Phone No: _____

Department: _____

Local Safety Rep.: _____

Health, Safety & Environment Courses

WHMIS Training	Required? <u>Yes</u>	Date completed_____
Laboratory Chemical Safety	Required?_____	Date completed_____
Laboratory Biological Safety	Required?_____	Date completed_____
Radionuclide Safety	Required?_____	Date completed_____
Introduction to Lab Safety	Required?_____	Date completed_____
Animal Care (UBC)	Required?_____	Date completed_____
Transportation of Dangerous Goods	Required?_____	Date completed_____
Fire Warden Training	Required?_____	Date completed_____
Safety Committee Training	Required?_____	Date completed_____
Occupational First Aid Level 1	Required?_____	Date completed_____

Other Safety Related Course(s):

Please initial and date each of the following declarations that you are comfortable with.

I have been informed of the rights of responsibilities of workers and supervisors under WorkSafeBC regulations including my Right to Refuse.

Date: _____ Worker's Initials: _____ Instructor's Name: _____

I have been informed of the department's safety policies, safety training requirements, inspection programs and the OH & S Committee members.

Date: _____ Worker's Initials: _____ Instructor's Name: _____

I have been trained in proper emergency procedures for my work site and know how to contact emergency personnel.

Date: _____ Worker's Initials: _____ Instructor's Name: _____

I have been informed of procedures for working alone and after hours in my work area; how to minimize the risks to my personal safety; and how to summon assistance.

Date: _____ Worker's Initials: _____ Instructor's Name: _____

I have been informed of the procedures in place to avoid violence and threats to personal safety in the workplace and how to summon assistance.

Date: _____ Worker's Initials: _____ Instructor's Name: _____

I have received training with the Workplace Hazardous Material Information System and how to safely work with chemical hazards.

Date: _____ Worker's Initials: _____ Instructor's Name: _____

I have been informed of the safety concerns in my work area and been trained in how to best manage those hazards.

Date: _____ Worker's Initials: _____ Instructor's Name: _____

I understand that I must be trained in the proper use of equipment and instructed on the proper procedures for new tasks or methodologies.

Date:

Worker's Initials:

Instructor's Name:

I have been informed of the proper use of Personal Protective Equipment (PPE) for my work and I understand that I must check with my supervisor on what PPE is required for any new procedure.

Date:

Worker's Initials:

Instructor's Name:

I have been informed of the proper procedures for First Aid and for reporting injuries, accidents, potential hazards or illnesses.

Date:

Worker's Initials:

Instructor's Name:

I have been informed of the purpose and mandate of the Department of Health Safety and Environment at UBC and know where to go for more information.

Date:

Worker's Initials:

Instructor's Name: