

EMPLOYEE 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 your Principal Investigator or lab supervisor. The completed forms will be kept on file for possible review by WorkSafeBC inspectors and / or internal auditors.

Name: _____ Start Date: _____

Position: _____ E-mail: _____

Supervisor:
Name: _____

Phone No: _____

Department: _____

Local Safety Rep.: _____

VCH Research Institute and UBC Risk Management Courses

WHMIS Training Mandatory: Yes Date completed _____

Bullying & Harassment Mandatory: Yes 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 Health & Safety 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 (WHMIS) 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 Risk Management department at UBC and know where to go for more information.

Date:

Worker's Initials:

Instructor's Name: