

CMAVE New Employee Training Documentation

(Revised 03 January 2024)

This form must be completed and provided to the Safety Office as a record of new employee training. An employee is not allowed to work with hazardous chemicals or equipment prior to training.

New Employee Name _____

Research Leader _____ Supervisor _____

Assigned work areas _____

Work area training conducted by: _____ Date _____

(Print)

(Sign)

Supervisor

Topics covered with new employee (initial when complete or use N/A where appropriate):

- | | |
|---|---|
| <input type="checkbox"/> Review Chemical Hygiene Plan | <input type="checkbox"/> Hazard Assessment & PPE Certification |
| <input type="checkbox"/> Physical hazards of chemicals used | <input type="checkbox"/> Use of fume hood. |
| <input type="checkbox"/> Health hazards of chemicals used | <input type="checkbox"/> Other engineering controls. |
| <input type="checkbox"/> Location of SOPs | <input type="checkbox"/> Detection of chemicals used. |
| <input type="checkbox"/> Location and use of Safety Data Sheets | <input type="checkbox"/> Location of chemical inventory |
| <input type="checkbox"/> Chemical storage | <input type="checkbox"/> Symptoms of chemical exposure |
| <input type="checkbox"/> Fire evacuation procedures | <input type="checkbox"/> Safety equipment in lab |
| <input type="checkbox"/> Tornado emergency procedures | <input type="checkbox"/> Spill response |
| <input type="checkbox"/> Waste disposal procedures | <input type="checkbox"/> Reporting unsafe or unhealthful conditions |

____ Are there any physical disabilities that may affect the employee's safety and/or ability to respond to an emergency (hearing impaired, blindness, physical limitation)? Circle response YES / NO.

If YES, ensure measures are implemented to directly deal with these issues in an emergency.

*Each new employee should visit [New Employee Safety Training](#), on our website and review Rights and Responsibilities of Federal Employees, Chemical Safety Training, EMS Training, Preventing Workplace Violence, OSHA-Understanding GHS Labeling, and Fire Safety.

*After completing the above requirements see the Safety Officer for completion and certification of safety training.

*The following is completed by the Safety Officer

Other training conducted by _____ Date: _____

(Print)

(Sign)

Topics (initial when complete):

- | | |
|--|---|
| <input type="checkbox"/> Lab Safety and CMAVE Chemical Hygiene Plan | <input type="checkbox"/> Workplace Fire Safety |
| <input type="checkbox"/> <i>Rights and Responsibilities of Federal Employees</i> | <input type="checkbox"/> EMS |
| <input type="checkbox"/> Preventing Workplace Violence | <input type="checkbox"/> Enrollment in OMNILERT System. |
| <input type="checkbox"/> Globally Harmonized System | <input type="checkbox"/> Parking Permit Decal |

Employee statement: I, _____, have completed all the training initialed above.

Signed _____ Date _____