

The University of the Incarnate Word

Environmental Health Safety and Risk Management

Laboratory Specific Training Plan

This form documents training of laboratory personnel as required by the *Texas Hazard Communication Act* and *UIW's Chemical Hygiene Plan* in the specific chemical and/or biological hazards used in the laboratory or work area. It is the responsibility of each Principal Investigator (PI)/Area Supervisor to ensure all laboratory personnel (i.e. employees, work-study's and students) complete Laboratory Safety Training and Bloodborne Pathogen's Training (if required) within first 30 days of employment.

The lab specific training checklist below is to be used as an aid only to discuss the contents associated with the laboratory. For additional training and/or guidance, please contact EHSRM at 210-805-3068 or 210-829-6035. **Laboratory Personnel must initial inside each block. If section does not apply to scope of work, please write N/A.**

Initial	Emergencies
	Location of emergency contacts
	Location of spill kits
	Location of emergency exits and evacuation procedures
	Location of the nearest emergency eye wash station, safety shower, fire extinguisher, fire pull stations, etc.

Initial	General Laboratory Safety
	Proper use of personal protective equipment (PPE)
	Food and beverages policy
	Location of the UIW Chemical Safety Binder/Chemical Hygiene Plan
	Proper use of laboratory specific equipment
	Proper handling of broken glass, razor blades, needles and syringes
	Physical and health hazards specific for work area

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	Location of Material Safety Data Sheets (MSDS)
	Location of hazardous chemicals in the lab
	How to properly label hazardous materials (e.g. chemicals, biological materials, etc)
	How to properly dispose of hazardous materials (e.g. chemicals, biological materials, etc)
	Hazards and proper use of compressed gas
	Regulated Medical Waste (biohazard boxes) procedures

Additional Lab Specific Training: (Describe any additional training covered. *To be completed by PI or Area Supervisor*)

I certify the topics in this form have been covered with Laboratory Worker.

Date: _____

Principal Investigator/Area Supervisor name: _____

Principal Investigator/Area Supervisor signature: _____

Laboratory Personnel name: _____

Laboratory Personnel signature: _____