

**Western University of Health Sciences
Chemical/Hazard Specific
Safety Training Documentation Form**

<i>This Table Is For Identification Purposes Only</i>	
Printed Trainee Name: (Last, First, Middle Initial)	Initials:
Printed Principal Investigator (PI)/Trainer Name: (Last, First, Middle Initial)	Initials:
Printed Trainer Name: (Last, First, Middle Initial)	Initials:
Printed Trainer Name: (Last, First, Middle Initial)	Initials:

<i>This Table Is For Training Documentation Purposes</i>			
Recommended Laboratory Safety Training	Training Date	Trainee Initials	PI/Trainer Initials
Basic Laboratory Safety			
Chemical/Medical Waste Management			
Emergency Response			
Laboratory Specific Training (Corrosives, flammables, explosives, unstable chemicals, carcinogenics, mutagenics, teratogenics, compressed gases, human blood/blood products, radioactive materials)			
Training Conducted	Training Date	Trainee Initials	PI/Trainer Initials
Recommended Biosafety Training			
Biosafety Training			
Bloodborne Pathogens			
Human Infectious Agents			
Biological Agent Specific			
Recombinant DNA			

I have been trained on and/or read and understood the above mentioned items. I understand it is my responsibility to comply with the Western University of Health Sciences Chemical Hygiene Plan and Laboratory Safety Guide and all other University policies and procedures. I will request additional information whenever I am unsure of a process or procedure and I will do so before proceeding.

Employee signature: _____ **Date:** _____