

## Laboratory Training Needs Assessment Form

Trainee's Name: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

### I. On-Site Lab Safety Orientation

#### 1. Emergency Procedures

##### Topic Covered

- UCSB Emergency Information Flipchart:** location/purpose – posted in every lab
- Fire alarm pull station:** Location of and how to activate
- Emergency eyewash/shower**
- First aid Kits:** Locations of and contents
- Building Emergency Assembly Point and routes of exit** – see last pg. of Flipchart
- UCSB Alert System (optional emergency texting system):** purpose and enrollment process
- Injury, Incident and Hazard Reporting Procedures**

#### 2. Engineering Controls

- NA:  Chemical fume hoods: Demo proper use and instruct on alarms/controls
- NA:  Biological safety cabinets: Demo proper use and instruct on alarms/controls
- NA:  Chemical storage: Locations of and segregation rules
- NA:  Other engineering controls: glove boxes, gas cabinets, etc. – demo proper use. Describe:

#### 3. Administrative Controls

- NA:  Laboratory Safety Manual and Chemical Hygiene Plan: location & contents.
- NA:  Safety Data Sheets: Demo electronic or hard copy access to repository

#### 4. Personal Protective Equipment

- Closed toe shoes and long pants required to enter the laboratory**
- NA:  Lab coat and Eye protection: Proper PPE will be determined and authorized via the online ASSESSMENT (Laboratory Hazard Assessment tool/LHAT).
- NA:  Gloves: Provided by the lab. Location; Proper glove selection (glove selection chart); Proper don/doff.
- NA:  Other Lab Provided PPE, (Describe):

#### 5. Waste Management

- NA:  Chemical Waste Disposal: Demo labeling/storage/pickup
- NA:  Biological Waste Disposal: Demo labeling/storage/pickup
- NA:  Radiological Waste Disposal: Demo labeling/storage/pickup
- NA:  Sharps Waste Disposal: Demo labeling/storage/pickup

#### 6. Other:

- NA:  Describe:

**Lab member acknowledgement:** I have been trained on, or provided with, all the above that are applicable to my work.

**Trainee signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Supervisor, or designated trainer signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**II. On-Site Lab Safety Orientation**

Training Courses	Training Required (select Y/N)	Completion Date:	Refresher Date:	Lab level training date:
Radiation Safety for Users of Radioactive Materials:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Radiation Producing Machines:	<input type="checkbox"/> Yes <input type="checkbox"/> No		NA	
LASER Safety (Class 3b-4):	<input type="checkbox"/> Yes <input type="checkbox"/> No		NA	
Bloodborne Pathogens, for work with human tissues, cells, cell lines	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Aerosol Transmissible Diseases	<input type="checkbox"/> Yes <input type="checkbox"/> No			
"Fundamentals of Biosafety," for work with BSL2 agents or toxins	<input type="checkbox"/> Yes <input type="checkbox"/> No		NA	
Autoclave Safety:	<input type="checkbox"/> Yes <input type="checkbox"/> No		NA	
UCSB Controlled Substances:	<input type="checkbox"/> Yes <input type="checkbox"/> No			

**III. Hazard Specific Training**

*Hands-on training/mentoring in the laboratory setting is necessary, both initially and as new hazardous operations are encountered. There is no definition of what constitutes a hazardous operation. Below are suggestions for hazards that are probably in this category. This is not a comprehensive list.*

**7. Chemical Hazards:**

Does the trainee use chemicals in the lab:  Yes  No

If yes: location and contents of the lab's OSHA Chemical Hygiene Plan (CHP) and laboratory-specific section of Plan. Most importantly, the chemical Standard Operating Procedures (SOPs) for our lab.

Lab-specific CHP/SOPs Training date: \_\_\_\_\_ Trainer initials: \_\_\_\_\_ Trainee's: \_\_\_\_\_

**8. Physical Hazards:**

	User:		Training:		Comments
	Yes	No	Date	Trainer	
High Pressure vessels	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Gas Cylinder Use	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
High voltage/basic electrical hazards	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
High Temperature equipment	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Glassware handling	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Cryogenics	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Centrifuge	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Vacuum equipment	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Mechanical integrity	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Equipment w/ hazardous moving parts	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Ergonomics for Labs/Pipette Users	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Lasers	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____