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/treatment/disposal and/or pickup
- ❑ NA: ❑ Radiological Waste Disposal: Demo labeling/storage/pickup
- ❑ NA: ❑ Sharps Waste Disposal: Demo labeling/storage/treatment/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**:_____
Note: Retain record for one year after individual is no longer involved with the lab.

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:	❑Yes ❑ No			
Radiation Producing Machines:	❑Yes ❑ No		NA	
LASER Safety (Class 3b-4):	❑Yes ❑ No		NA	
Bloodborne Pathogens, for work with human tissues, cells, cell lines	❑Yes ❑ No			
Aerosol Transmissible Diseases	❑Yes ❑ No			
"Fundamentals of Biosafety," for work with BSL2 agents or toxins	❑Yes ❑ No		NA	
Autoclave Safety:	❑Yes ❑ No		NA	
UCSB Controlled Substances:	❑Yes ❑ 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:*		
	Yes	No	Date	Trainer	Comments
High Pressure vessels	❑	❑	____	_____	_____
Gas Cylinder Use	❑	❑	____	_____	_____
High voltage/basic electrical hazards	❑	❑	____	_____	_____
High Temperature equipment	❑	❑	____	_____	_____
Glassware handling	❑	❑	____	_____	_____
Cryogenics	❑	❑	____	_____	_____
Centrifuge	❑	❑	____	_____	_____
Vacuum equipment	❑	❑	____	_____	_____
Mechanical integrity	❑	❑	____	_____	_____
Equipment w/ hazardous moving parts	❑	❑	____	_____	_____
Ergonomics for Labs/Pipette Users	❑	❑	____	_____	_____
Lasers	❑	❑	____	_____	_____
Other_____	❑	❑	____	_____	_____
Other _____	❑	❑	____	_____	_____