

Auburn University Department of Chemistry and Biochemistry Safety Training Documentation Form (PART I)

PART I. COMPLETE MANDATORY SAFETY TRAINING

Before you can assume duties as a teaching assistant and/or work in a lab and/or obtain card access to the Chemistry Building, please:

- Complete all mandatory safety training below;
- Review our department's Research Safety webpage;
- Complete and sign Part I of the Safety Training Documentation Form;
- Return this form to the Chemistry Main Office to request card access to the Chemistry Building.*

Graduate Students: The Graduate Program Officer (GPO) is your temporary supervisor until you join a research group. As such, the GPO can initial and sign this part of the Safety Training Documentation Form for you.

Undergraduate Students: Your Research Advisor should initial and sign this part of the form and retain it for their own records.

*Card access to the Chemistry Building applies only to DCB employees and graduate students.

| MANDATORY SAFETY TRAINING (Required for All Personnel Working in Labs) | TRAINING DATE | STUDENT/ EMPLOYEE INITIALS | SUPERVISOR INITIALS |
|---|---------------|----------------------------------|------------------------|
| Lab Safety Training | | | |
| Managing Regulated Waste Training | | | |
| Laboratory Compressed Gas Safety | | | |
| Safe Handling of Cryogenic Liquids | | | |
| Review DCB Research Safety Webpage | | | |
| Review DCB Safety Policies | | | |
| Review DCB Emergency Evacuation Plan | | | |
| Review AU Lab Safety Manual | | | |
| Review AU Hazardous Waste Management Guide | | | |

I have been trained on and/or have read and understood the above mentioned items. I understand it is my responsibility to comply with all Auburn University safety policies and procedures. I will request additional information whenever I am unsure of a process or procedure, and I will do so before proceeding.

Student/Employee Name: _____ AU Email: _____

Student/Employee Signature: _____ Banner ID: _____

Supervisor Name: _____

Supervisor Signature: _____

Auburn University Department of Chemistry and Biochemistry Safety Training Documentation Form (PART II)

PART II. COMPLETE LAB SPECIFIC SAFETY TRAINING

Before you can start working in the lab and/or obtain lab keys, please:

- Complete mandatory safety training (Part I);
- Complete any safety training specific to your research group or lab. If a specific training does not apply to your group, enter "N/A" under the training date and your initials, and then have your supervisor initial it;
- Complete and sign Part II of the Safety Training Documentation Form;
- Return this form to the Chemistry Main Office to request lab keys.*

Graduate Students: Your Research Advisor should initial and sign this part of the form.

Undergraduate Students: Your Research Advisor should initial and sign this part of the form and retain it for their own records.

*Lab keys can be issued only to DCB employees and graduate students

| LAB SPECIFIC SAFETY TRAINING (As Required by Research/Lab Supervisor) | TRAINING DATE | STUDENT/ EMPLOYEE INITIALS | SUPERVISOR INITIALS |
|--|---------------|----------------------------------|------------------------|
| <u>Biosafety Training</u> | | | |
| Review <u>AU Biological Safety Manual</u> | | | |
| <u>Laser Safety Training</u> | | | |
| Review <u>AU Laser Safety Manual</u> | | | |
| <u>Analytical X-Ray Safety Training</u> | | | |
| Review <u>AU Radiation Safety Manual</u> | | | |
| <u>Flammable Liquids Overview</u> | | | |
| <u>Peroxide Forming Materials</u> | | | |
| <u>Pyrophoric Chemicals Overview</u> | | | |
| <u>Water Reactive Chemicals Overview</u> | | | |
| <u>Hydrofluoric Acid Overview</u> | | | |
| <u>Hydrogen Gas Safety Overview</u> | | | |
| Other: | | | |
| Other: | | | |

I have been trained on and/or have read and understood the above mentioned items. I understand it is my responsibility to comply with all Auburn University safety policies and procedures. I will request additional information whenever I am unsure of a process or procedure, and I will do so before proceeding.

Student/Employee Name: _____ **AU Email:** _____

Student/Employee Signature: _____ **Banner ID:** _____

Supervisor Name: _____

Supervisor Signature: _____