



**a place of mind** THE UNIVERSITY OF BRITISH COLUMBIA

# **EMPLOYEE SAFETY TRAINING RECORD**

All employees must receive training and orientation in the hazards of their work sites and the procedures which must be followed to safely perform their work. This training record must be completed by each employee with the assistance of their supervisor. Once completed, keep a copy and return the original to either your Principal Investigator or lab supervisor. The completed forms will be kept on file for possible review by WorkSafeBC inspectors and / or internal auditors.

Name:		Start Date:		
Position: Supervisor: Name:		E-mail:		
Phone No:				
Department:				
Local Safety Rep.:				
VCH Research Institute and UBC Risk Management Courses				
WHMIS Training	Mandatory: <u>Yes</u>	Date completed		
Bullying & Harassment	Mandatory: <u>Yes</u>	Date completed		
Laboratory Chemical Safety	Required?	Date completed		
Laboratory Biological Safety	Required?	Date completed		
Radionuclide Safety	Required?	Date completed		
Introduction to Lab Safety	Required?	Date completed		
Animal Care (UBC)	Required?	Date completed		

Transportation of Dangerous GoodsRequired?Date completedFire Warden TrainingRequired?Date completedSafety Committee TrainingRequired?Date completed

## **Other Safety Related Course(s):**

Please initial and date each of the following declarations that you	<u>u are</u>
comfortable with.	

I have been informed of the rights of responsibilities of workers and supervisors under WorkSafeBC regulations including my Right to Refuse. Date: Worker's Initials: Instructor's Name:

I have been informed of the department's safety policies, safety training		
requirements, inspection programs and the Health & Safety Committee members.		
Date:	Worker's Initials:	Instructor's Name:

#### I have been trained in proper emergency procedures for my work site and know how to contact emergency personnel.

Date:	Worker's Initials:	Instructor's Name:

#### I have been informed of procedures for working alone and after hours in my work area; how to minimize the risks to my personal safety; and how to summon assistance.

Date:

Worker's Initials:

Instructor's Name:

I have been informed of the procedures in place to avoid violence and threats to personal safety in the workplace and how to summon assistance.

Date: Worker's Initials: Instructor's Name:

# I have received training with the Workplace Hazardous Material Information System (WHMIS) and how to safely work with chemical hazards.

Date: Worker's Initials: Instructor's Name:

## I have been informed of the safety concerns in my work area and been trained in how to best manage those hazards.

Date:

Worker's Initials:

Instructor's Name:

on the proper proce	dures for new tasks or methodologie	s.
Date:	Worker's Initials:	Instructor's Name:
I have been informe	ed of the proper use of Personal Prote	ective Equipment (PPE) for
my work and I unde	erstand that I must check with my su	pervisor on what PPE is
required for any ne	w procedure.	-
Date:	Worker's Initials:	Instructor's Name:
I have been informe	ed of the proper procedures for First	Aid and for reporting
injuries, accidents,	potential hazards or illnesses.	
Date:	Worker's Initials:	Instructor's Name:

I understand that I must be trained in the proper use of equipment and instructed

I have been informed	l of the purpose and mandate	of the Risk Management	
department at UBC and know where to go for more information.			
- Deter	$\mathbf{W}_{1} = (1 - 1)^{2} = \mathbf{T}_{1} \cdot (1 - 1)^{2}$	T.,	

Worker's Initials: Date: Instructor's Name: