

## 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: \_\_\_\_\_ E-mail: \_\_\_\_\_

Supervisor:  
Name: \_\_\_\_\_

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 Goods	Required? _____	Date completed _____
Fire Warden Training	Required? _____	Date completed _____
Safety Committee Training	Required? _____	Date completed _____

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



**I understand that I must be trained in the proper use of equipment and instructed on the proper procedures for new tasks or methodologies.**

Date:

Worker's Initials:

Instructor's Name:

**I have been informed of the proper use of Personal Protective Equipment (PPE) for my work and I understand that I must check with my supervisor on what PPE is required for any new procedure.**

Date:

Worker's Initials:

Instructor's Name:

**I have been informed of the proper procedures for First Aid and for reporting injuries, accidents, potential hazards or illnesses.**

Date:

Worker's Initials:

Instructor's Name:

**I have been informed of the purpose and mandate of the Risk Management department at UBC and know where to go for more information.**

Date:

Worker's Initials:

Instructor's Name: