

PROCEDURE

Safety orientation is to be completed during the first 4-6 weeks of work. Orientation activities may be delegated to a qualified individual.

The supervisor/advisor is responsible for ensuring this form is completed and copies are filed with the department.

Initial each section when complete. Non-applicable sections may be marked as N/A or crossed-out.

Name:	
Supervisor Name:	
Start Date:	

PRIMARY WORKSPACE ORIENTATION	
<p>Employee/Student/Volunteer etc.</p> <ul style="list-style-type: none"> - I have reviewed the posted emergency response procedures - I have reviewed all lab-specific standard operating procedures <p>Initial when complete _____</p>	<p>Supervisor (or designate)</p> <ul style="list-style-type: none"> - I have shown the new employee/student the location of: <ul style="list-style-type: none"> - Emergency exit routes and alarm pull stations - Phones and emergency call boxes - Emergency equipment (may include first aid kit, spill kit, eyewash, safety shower, fire extinguisher) - I have advised new employee/student of actual and potential hazards in the work area and the appropriate precautions (may include: chemical, biological, radiation, electrical, noise, machine, temperature extremes) - I have explained the process for separating and disposing of hazardous wastes <p>Initial when complete _____</p>

SAFETY EXPECTATIONS	
<p>Employee/Student/Volunteer etc.</p> <ul style="list-style-type: none"> - I have reviewed UG EHS Policy 851.01.01 [online] - I have reviewed the appropriate Safety Manual - I know where to obtain a copy of the Occupational Health & Safety Act (OHSA) [www.e-laws.gov.on.ca, CBS HSO, Departmental Safety Committee] - I understand my rights and responsibilities under OHSA - I am aware of how to contact the following resources: <ul style="list-style-type: none"> - Emergency Dispatch [x2000] - CBS HSO [x58046] - UG EHS [x 53282] - My departmental safety committee [online] <p>Initial when complete _____</p>	<p>Supervisor (or designate)</p> <ul style="list-style-type: none"> - I have explained basic lab safety rules (no food/drink, proper attire, personal protective equipment, no door propping, good housekeeping) - I have explained safety precautions for work after hours (buddy system, access control, SafeWalk, notification of CCPS) - I have provided access to contact information for the departmental safety committee, the CBS HSO & the University of Guelph Environmental Health & Safety Department (UG EHS) - I have assigned safety self-inspection responsibilities (if required) <p>Initial when complete _____</p>

SAFETY TRAINING	
<p>Employee/Student/Volunteer etc.</p> <ul style="list-style-type: none"> - I have successfully completed all of the safety training courses specified by my supervisor. <p>Initial when complete _____</p>	<p>Supervisor (or designate)</p> <ul style="list-style-type: none"> - I have specified the required training for the new employee/student (below). <ul style="list-style-type: none"> <input type="checkbox"/> CBS H&S Orientation <input type="checkbox"/> WHMIS <input type="checkbox"/> Radiation Safety <input type="checkbox"/> Biosafety <input type="checkbox"/> Laboratory Safety <input type="checkbox"/> First Aid / CPR <input type="checkbox"/> Transport of Dangerous Goods <input type="checkbox"/> Animal Care <p><i>Other (please specify):</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <p>Initial when complete _____</p>
EQUIPMENT TRAINING (as applicable)	
<p>Employee/Student/Volunteer etc.</p> <ul style="list-style-type: none"> - I have completed training on all equipment specified by my supervisor. <p>Initial when complete _____</p>	<p>Supervisor (or designate)</p> <ul style="list-style-type: none"> - I have itemized the equipment training required (below) and provided/arranged for training on lab-specific equipment as necessary. <ul style="list-style-type: none"> <input type="checkbox"/> Autoclave <input type="checkbox"/> Biological Safety Cabinets <input type="checkbox"/> Centrifuge <input type="checkbox"/> Compressed Gas Cylinders <input type="checkbox"/> Electrophoresis Apparatus <input type="checkbox"/> Pressure Cell/French Press <input type="checkbox"/> Fume hood <input type="checkbox"/> Laminar Flow Hood <input type="checkbox"/> Liquid Nitrogen Dewar <input type="checkbox"/> Microtome <input type="checkbox"/> Shaker <p><i>Other (please specify):</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <p>Initial when complete _____</p>
FIELD SAFETY (as applicable)	
<p>Employee/Student /Volunteer etc.</p> <ul style="list-style-type: none"> - I am aware of the hazards associated with the field work I will be performing and understand the controls and precautionary measures that are in place to protect my safety. <p>Initial when complete _____</p>	<p>Supervisor (or designate)</p> <ul style="list-style-type: none"> - I have reviewed the relevant field work safety plan with the new employee/student (if applicable). <p>Initial when complete _____</p>
Signature: _____	Date: _____
Supervisor Signature: _____	Date: _____

COPY TO DEPARTMENT