

UMASS DARTMOUTH LABORATORY SPECIFIC TRAINING CHECKLIST

Laboratory Name: _____ **Building/Room(s):** _____

- Show researcher how to access the CITI Program training (Go to <https://about.citiprogram.org/>).
- Show researcher how to access the CEMS Chemical Inventory system (Go to <https://cems.unh.edu/umassd/CEMS/Dashboard>). Concurrently email ehs.info@umassd.edu to register new users in CEMS
- Identify any additional training requirements.

Review the location and proper use of the following safety features:

- Information on Lab Door Sign(s) (including emergency contacts).
- Emergency evacuation routes and emergency assembly points.
- Fire extinguishers and closest fire alarm pull station.
- Safety showers and eyewash stations.
- Emergency shutoffs for laboratory equipment.
- First aid kits.
- Laboratory small spill kits and building spill kits or both.
- Chemical fume hoods, biosafety cabinets, and glove boxes.
- Reporting incidents to EHS
- If applicable, specialized medical supplies (e.g. calcium gluconate for hydrofluoric acid and amyl nitrite for cyanides).

Review the following lab hazards, safety plans, procedures, and safety manuals:

- Location of highly hazardous materials, equipment, and processes present in the work area.
- Lab's PPE assessment and location/storage, use and limitations of required PPE (e.g. gloves, safety glasses, lab coats, etc.)
- Applicable protocols, risk assessments, Standard Operating Procedure (SOPs), lab's local plans (e.g. BBP Exposure Control Plan), safety fact sheets, pathogen safety data sheets and/or work plans for hazardous materials, equipment, or processes present in your work area.
- Laboratory waste management (e.g. chemical, biological, sharps, radiological).
- Location of Safety Data Sheets in lab or online.
- Location of Chemical Hygiene Plan, Biosafety Manual, and Radiation Safety Manual in lab or online (if applicable).
- If work will involve radioactive materials and/or lasers, contact EHS discuss training requirements.

I understand that additional risk assessment and training may be required when there is a change in the hazards associated with my work.

By signing this form, I agree that I have been trained on the above checked items.

Trainee name (print): _____

Trainee signature: _____ Date: _____

Training was provided on the above checked items by:

PI/CHO/designee name: _____

PI/CHO/designee signature: _____ Date: _____