

## 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
<a href="#">Lab Safety Training</a>			
<a href="#">Managing Regulated Waste Training</a>			
<a href="#">Laboratory Compressed Gas Safety</a>			
<a href="#">Safe Handling of Cryogenic Liquids</a>			
Review <a href="#">DCB Research Safety Webpage</a>			
Review <a href="#">DCB Safety Policies</a>			
Review <a href="#">DCB Emergency Evacuation Plan</a>			
Review <a href="#">AU Lab Safety Manual</a>			
Review <a href="#">AU Hazardous Waste Management Guide</a>			

*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
<a href="#">Biosafety Training</a>			
Review <a href="#">AU Biological Safety Manual</a>			
<a href="#">Laser Safety Training</a>			
Review <a href="#">AU Laser Safety Manual</a>			
<a href="#">Analytical X-Ray Safety Training</a>			
Review <a href="#">AU Radiation Safety Manual</a>			
<a href="#">Flammable Liquids Overview</a>			
<a href="#">Peroxide Forming Materials</a>			
<a href="#">Pyrophoric Chemicals Overview</a>			
<a href="#">Water Reactive Chemicals Overview</a>			
<a href="#">Hydrofluoric Acid Overview</a>			
<a href="#">Hydrogen Gas Safety Overview</a>			
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:** \_\_\_\_\_