

TRAINING FORM

Environmental Health and Safety Training Documentation Form			
This Table Is For Identification Purposes Only			
Printed Trainee Name: (Last, First, Middle Initial)		Initials:	
Printed Principal Investigator (PI)/Trainer Name: (Last, First, Middle Initial)		Supervisor:	
Printed Trainer Name: (Last, First, Middle Initial)		Supervisor:	
Printed Trainer Name: (Last, First, Middle Initial)		Supervisor:	
This Table Is For Training Documentation Purposes			
Recommended Laboratory Safety Training			
Basic Laboratory Safety			
Chemical/Medical Waste Management			
Emergency Response			
Laboratory Specific Training (Corrosives, flammables, explosives, unstable chemicals, carcinogenics, mutagenics, teratogenics, compressed gases, human blood/blood products,			
Training Conducted	Training Date	Trainee Initials	PI/Trainer Initials
Recommended Biosafety Training			
Biosafety Training			
Bloodborne Pathogens			
Human Infectious Agents			
Recombinant DNA			

I have been trained on and/or read and understood the above mentioned items. I understand it is my responsibility to comply with the Tuskegee University Lab Safety Manual and Biosafety Manual and all other University policies and procedures. I will request additional information whenever I am unsure of a process or procedure and I will do so before proceeding

Employee signature:

Date: