A) PERSONNEL INFORMATION

Name:________________________________
Status:________________________________
Advisor/PI:____________________________
Primary Lab(s):________________________

B) SAFETY TRAINING
-Departmental

Compressed Gas Cylinder and Electrical Safety Videos:
Employee Initials:_______ Safety Technician:_______ Date: ______

The Laboratory Standard (Chemical Hygiene Plan) Empolyee Initials:____

Safety Articles Employee Initials:____

Safety Checklist (Attachment D, includes Lab Specific Orientation)
Employee Initials:_______ Safety Technician:_______ Date:_______

-EH&S (Attach Proof of Completion)

Chemical Hygiene:
Employee Initials:_______ Safety Technician:_______ Date: ______

Hazardous Waste Management:
Employee Initials:_______ Safety Technician:_______ Date:________

Additional Training:
Title:___________________________________
Employee Initials:_______ Safety Technician:_______ Date:_______

Additional Training:
Title:___________________________________
Employee Initials:_______ Safety Technician:_______ Date:_______

C) PI NOTIFICATION

Safety Training is complete, adequate and meets the Clemson Hazard Communication Plan for the labs listed above.

Employee Initials:_______ PI:_______ Date:_______