

# LASH MILLER CHEMISTRY LABORATORIES

## SITE-SPECIFIC TRAINING

(LM-SST)

Trainee's name:	Position: UG GS PDF RA
Student # or Employee #:	Date:
Principal Investigator:	Department: Chemistry

### STEP 1: TRAINING TO BE COMPLETED WITHIN THE FIRST TWO WEEKS

[Register at our Eventbrite Site to Schedule Training.](#)

EMERGENCY RESPONSE	
<b>Review emergency response SOP</b> <ul style="list-style-type: none"> <li>- Personal Injury (non-life threatening)</li> <li>- Personal Injury (Life threatening)</li> <li>- First Aid: a) First aiders</li> <li>- Building associated emergencies:               <ol style="list-style-type: none"> <li>1) Leaks</li> <li>2) HVAC</li> <li>3) Power loss</li> <li>4) Exhaust failure</li> </ol> </li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

FIRE RESPONSE	
<b>Review fire response SOP</b> <ul style="list-style-type: none"> <li>- Identify location of fire extinguisher</li> <li>- Discuss types of fire extinguishers</li> <li>- Review Fire Response</li> <li>- Identify location of stairs</li> <li>- Identify location of D class fire extinguisher (if applicable)</li> <li>- Book fire extinguisher training (<a href="#">online and in person registration</a>)</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

## MENTAL HEALTH CRISIS RESPONSE

### Review mental health crisis response SOP

- Identify: what to look for
- Assist: having helpful discussions
- Refer: encouraging help-seeking behavior
- Resources: provide SOP

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## EYE WASH & SAFETY SHOWER

- Identify location of eye wash stations, review flushing protocol
- Activate eye wash
- Review procedure in case of spill in the eye
- Identify location of safety shower, review certification tag
- Review procedure in case of spill on body parts

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## CHEMICAL SAFETY

### CHEMICAL SPILL

#### Review Chemical Spill SOP

- SOP for spill inside the fume hood: Fume hood purge feature
- SOP for spill outside the fume hood:
  - a) Identify location of spill kit
  - b) Review content of spill kit
  - c) Review SOP and inventory form
  - d) Small spill: Reviewed definition and SOP for cleaning a small spill.
  - e) Large spill: review definition & procedure

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## LM-SST

Revision #: 02

Updated: OCT-2024

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## COMPRESSED CYLINDERS

### Review compressed cylinders SOP

- Compressed gases hazards
- PPE
- transportation (review proper containers)
- Storage

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The person identified below has completed the hands-on Lash Miller-SITE-SPECIFIC ON-BOARDING training (LM-SST)

Student/employee/visitor/volunteer name:

Signature:

Date:

Stores-Trainer's name:

Signature:

Date:

### STEP 2: Review with your lab's trainer and/or safety officer the information you received today

Your lab/group trainer/s is/are: .....

Your lab/group safety officer/s is/are: .....

Ensure you identify the location of safety equipment, spill kits, fire escape routes, emergency plans, etc. that are specific to your lab/group (as delineated in the checklist below).

Once STEP 2 is completed, please email this form to [chem.keys@utoronto.ca](mailto:chem.keys@utoronto.ca). The key to the lab will be issued upon receipt of this signed checklist (along with other necessary training forms).

# LASH MILLER LAB/GROUP-SPECIFIC TRAINING CHECKLIST

This is the trainer's guide to the lab/group-specific training review.

This checklist is to be used by lab-trainers and/or safety officer. It is a guide describing the topics to show during a walk-through of your respective lab-sites when on-boarding new students, personnel and visitors.

**Laboratory designated trainers and or safety officers: using this checklist, are to ensure that incoming personnel are shown the location of the following health and safety criteria within or nearby their specific laboratories:**

Emergency, Fire and Spill Response	
Located Emergency Contact Numbers and phone	<input type="checkbox"/>
Identified local First Aiders	<input type="checkbox"/>
Located First Aid boxes and identified contents	<input type="checkbox"/>
Identified nearest stairwell exits	<input type="checkbox"/>
Located Fire Alarm Pull Stations	<input type="checkbox"/>
Located Fire Extinguishers	<input type="checkbox"/>
Located Spill Kits and identified contents	<input type="checkbox"/>
Located Safety Showers and reviewed certification tag	<input type="checkbox"/>
Located and activated Eye Wash Stations	<input type="checkbox"/>

Chemical Storage and Transport	
Identified storage for flammables and combustibles	<input type="checkbox"/>
Identified storage for acids and bases	<input type="checkbox"/>
Identified storage for water and air reactives	<input type="checkbox"/>
Identified storage for oxidizers and reducers	<input type="checkbox"/>



Chemical Storage and Transport	
Identified storage for toxics	<input type="checkbox"/>
Identified storage for gases and cryogenics	<input type="checkbox"/>
Identified dewars for storing cryogenics	<input type="checkbox"/>
Identified oxygen sensors (if applicable)	<input type="checkbox"/>
Located freight elevator for transporting chemicals between floors	<input type="checkbox"/>
Identified secondary containment containers and/or cart(s) for transporting chemicals	<input type="checkbox"/>
Logged into HECHMET to access chemical inventory	<input type="checkbox"/>
Accessed Safety Data Sheets on HECHMET	<input type="checkbox"/>
Located chemicals of interest if applicable, where they are stored, and under what security measures.	<input type="checkbox"/>

Fume Hoods	
Identified Fume Hood face velocity meter and ensured not lower than 76 fpm (not applicable to low-flow fume hoods)	<input type="checkbox"/>
Identified proper sash working height	<input type="checkbox"/>
Identified Emergency Purge button	<input type="checkbox"/>
Located Biosafety Cabinets for Containment Level 2 laboratories	<input type="checkbox"/>

Waste Management	
Identified waste containers for hazardous liquids	<input type="checkbox"/>
Identified waste containers for biohazardous waste	<input type="checkbox"/>
Identified waste containers for lightly contaminated waste	<input type="checkbox"/>
Identified waste containers for triple rinsed glass and plastic ware	<input type="checkbox"/>
Located waste labels	<input type="checkbox"/>



**The person identified below has completed the Laboratory/Group-Specific Training and has identified the aforementioned health and safety criteria within their laboratory.**

Trainee's Name:	Signature:	Date:
Trainer's Name:	Signature:	Date:
Principal Investigator's Name:	Signature:	Date:

Note: In the event that the Principal Investigator is not available to sign this form, he/she can assign a designate by sending an email to the CAO ([grace.flock@utoronto.ca](mailto:grace.flock@utoronto.ca)).