



# 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, ensure 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"/> |
| Identified storage for toxics                      | <input type="checkbox"/> |
| Identified storage for gases and cryogenics        | <input type="checkbox"/> |



| Chemical Storage and Transport  |                          |
|---|--------------------------|
| 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)).