

# **Biological Safety Site-Specific Training Record Checklist**

Name:		
Start Date:		

These items should be checked off as they are covered by the Principal Investigator/Lab Manager for each incoming person to the lab.

#### **Safety Practices**

Discussion of procedures that involve handling of biological materials and how to perform such tasks in a manner that reduces risk of exposure and environmental release.

#### **Personal Protective Equipment (PPE)**

Discussion of what kinds of PPE are required for specific tasks

How to use PPE properly, location of PPE in the laboratory, and how to obtain more

Maintenance and storage of PPE

## **Equipment**

Location and operation of safety equipment in the lab (includes eyewash stations, fire extinguishers, gas shut off valves, etc.)

Proper use of equipment that is used for the processing, containment and analysis of biological materials (includes biological safety cabinets, centrifuges, microtomes, cell sorters/counter, automatic sampling devices, incubators, vacuum/suction systems, autoclaves)

## **Waste Handling**

Discussion of how biohazardous waste items are to be segregated and stored (i.e. sharps vs. non-sharps, etc.), how to properly package waste materials, and how to request a biological waste pickup from EHS.

Discussion of procedures for on-site waste treatment methods (i.e. disinfection of cell culture waste, pipettes, etc.)

#### **Disinfection/Spill Response/Exposure Incident Response**

Review of laboratory procedures for disinfection including explanation on product hazards, preparation, limitations, and shelf-life

Review of spill response procedures including location of the biohazard spill kit/supplies and how to use them.

Review of the Biological Exposure Incident Response procedure.

Type of Training	Date of Completion
Biological Safety Training (required	
for BSL-2 work)	
Bloodborne pathogens training (if	
applicable)	
Complete reading of Carnegie Mellon	
Biosafety Manual	
Completion of site-specific training	
checklist	

## **Verification of Training**

I certify that the site-specific training items were reviewed and understoo			
 Principal Investigator/Lab Manager	 Employee Signature-Date		
Signature-Date	Employee Signature-Date		