

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

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

<p>Review fire response SOP</p> <ul style="list-style-type: none"> - Identify location of fire extinguisher - Discuss types of fire extinguishers - Review Fire Response - Identify location of stairs - Identify location of D class fire extinguisher (if applicable) - Book training (contact grace.flock@utoronto.ca) 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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MENTAL HEALTH CRISIS RESPONSE

<p>Review mental health crisis response SOP</p> <ul style="list-style-type: none"> - Identify: what to look for - Assist: having helpful discussions - Refer: encouraging help-seeking behavior - Resources: provide SOP 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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EYE WASH & SAFETY SHOWER

<ul style="list-style-type: none"> - 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 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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CHEMICAL SAFETY

CHEMICAL SPILL	
<p>Review Chemical Spill SOP</p> <ul style="list-style-type: none"> - SOP for spill inside the fume hood: Fume hood purge feature - SOP for spill outside the fume hood: <ul style="list-style-type: none"> 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 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

COMPRESSED CYLINDERS	
<p>Review compressed cylinders SOP</p> <ul style="list-style-type: none"> - Compressed gases hazards - PPE - transportation (review proper containers) - Storage 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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. 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).