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**DEPARTMENT OF ENTOMOLOGY  
SAFETY TRAINING CHECKLIST:  
FOR GENERAL OFFICE SPACE**

[ Revised 10/02 ]

(Please print)

ROOM NUMBER: \_\_\_\_\_ BUILDING: \_\_\_\_\_

NAME OF P.I./SUPERVISOR: \_\_\_\_\_

NAME OF TRAINER: \_\_\_\_\_

NAME OF TRAINEE: \_\_\_\_\_

**I. RIGHT TO KNOW AND TECHNICAL INFORMATION**

- A. HAZARDOUS MATERIALS INFORMATION AND TRAINING, *SAFETYNET #33*
- B. HEALTH AND SAFETY HAZARDS; A STUDENT'S RIGHT TO KNOW, *SAFETYNET #40*
- C. MATERIAL SAFETY DATA SHEETS AND CHEMICAL EMERGENCIES, *POSTER*
- D. EMERGENCY PROCEDURES/BRIGGS HALL, IN CASE OF EARTHQUAKE; BOMB THREAT
- E. EMERGENCY MEDICAL CARE, *SAFETYNET #52*
- F. GLOSSARY OF MSDS TERMS, *SAFETYNET #45*
- G. PREGNANCY AND THE UNVERSITY WORKPLACE, *SAFETYNET #54*

**II. PERSONAL PROTECTION AND MISCELLANEOUS SAFETYNETS**

- A. SAFETY GUIDELINES FOR STAFF WHO WEAR CONTACT LENSES, *SAFETYNET #5*
- B. ELECTRICAL SAFETY GUIDELINES, *SAFETYNET #20*
- C. YOU AND YOUR WORKSTATION DESIGN/ERGONOMICS, *SAFETYNET #17*
- D. OZONE EMISSIONS; FROM LASER PRINTERS AND COPY MACHINES, *SAFETYNET #63*
- E. STOP BACK INJURIES, *SAFETYNET #46*

**III. OTHERS**

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**ALL EMPLOYEES MUST READ THIS STATEMENT**

Under California Law, you are entitled to receive certain safety information from your employer. This information includes access to Material Safety Data Sheets and information or training on any hazardous substances to which you may be exposed to at work and copies of any medical or exposure records kept by your employer. Your personal physician and/or recognized collective bargaining agent also have the right to this material. You may not be discharged nor discriminated against in any way for exercising these rights. By your signature, you are indicating that a training package containing the elements listed above is readily available to you and that you are responsible for understanding the material in this package. You also acknowledge that you have had an opportunity to discuss any of this information with your Supervisor, the Trainer or the Departmental Safety Coordinator.

COMMENTS:

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SIGNATURE OF TRAINEE

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DATE

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SIGNATURE OF TRAINER

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DATE