

Form Vf

DEPARTMENT OF ENTOMOLOGY
SAFETY TRAINING CHECKLIST:
FOR HARRY H. LAIDLAW HONEY BEE RESEARCH FACILITY
[EXCLUDING USE OF HAZARDOUS CHEMICALS; GET TRAINING FROM PARENT LAB]
[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. GENERAL SAFETY CONSIDERATIONS, *BBF MANUAL, SEC. I, A*
- B. HEALTH AND SAFETY HAZARDS; A STUDENT'S RIGHT TO KNOW, *SAFETYNET #40*
- C. REPORTING ILLNESS OR INJURY, *WORKER'S COMPENSATION REPORT FORM, SEC. I, B-2*
- D. EMERGENCY MEDICAL CARE, *SAFETYNET #52*

II. GENERAL SAFETY RULES AND GUIDELINES

- A. INTRODUCTION
- B. PROTECTIVE CLOTHING
- C. VEHICLE OPERATION, *SAFETYNET #47*
- D. SAFE USE OF HAND AND POWER TOOLS [*ALSO SEE SHOP MANUAL*]
- E. MINIMIZING FIRE DANGER
- F. TREATMENT OF BEE STINGS [*NON-EMERGENCY SITUATION*]
- G. STOP BACK INJURIES, *SAFETYNET #46*
- H. HANDLING BEES SAFELY AND EFFECTIVELY
- I. LAWN MOWER SAFETY [*READ OWNERS MANUAL*]
- J. TRACTOR SAFETY, *SAFETYNET #25*
- K. CONTACT LENSES – WEARER PRECAUTIONS, *SAFETYNET #5*
- L. ELECTRICAL SAFETY GUIDELINES, *SAFETYNET #20*
- M. COMPRESSED GAS SAFETY, *SAFETYNET #60*
- N. INORGANIC ARSENIC [*CUTTING PRESSURE-TREATED LUMBER*]
- O. OTHER HAZARDS IN THE BEE YARD
- P. BATTERY CHARGING AND HANDLING

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:

SIGNATURE OF TRAINEE

DATE

SIGNATURE OF TRAINER

DATE