

OSU EH&S New Laboratory Member Checklist

This document is intended for all new laboratory personnel including employees, student employees, students conducting research in the lab, unpaid interns, etc. This should be completed before lab work begins. Lab Member Name: _____ Date to start work: _____ Trainer(PI/Supervisor/Designated Trainer): _____ 1. PI or Lab Manager Action Items ☐ Add lab member into SciShield system as a lab member and assign job activities and training. ☐ Assign lab member a Lab Coat in SciShield (under job activities). 2. Lab-Specific Safety Orientation Lab members must be shown the locations of or procedures for the following: General/Emergency Response ☐ Locate fire extinguishers. \square Fire alarm pull station. ☐ Locate egress/exit routes. ☐ Evacuation meeting point. ☐ Emergency Preparedness Training (optional)
☐ Safety shower and emergency eyewash. ☐ Nearest first aid kit. ☐ Location of spill kit (chemical/biological) Laboratory Safety ☐ Locate, read and acknowledge the OSU Chemical Hygiene Plan (CHP). ☐ Be able to locate/find a Safety Data Sheet (SDS). ☐ Understand hazardous waste procedures. ☐ Hazard Communication: go over hazards associated in the lab including chemicals/hazardous materials, equipment, or processes they may potentially be exposed to in the course of their job duties. ☐ Review minimum lab attire requirements. ☐ Review personal protective equipment (PPE) location (safety glasses, gloves, etc.). ☐ Review lab coat pickup and drop-off process and location. 3. Lab Member Action Items ☐ Complete all SciShield assigned trainings. ☐ Pick up lab coat from the lab coat dispenser. **Lab-specific Required Trainings** Each lab must determine lab-specific trainings required for each lab member. An example of lab specific training includes high hazard materials, equipment, or processes with specific safety hazards (e.g., working with reactive materials, rotary evaporators, autoclave training, etc.). O_____O I understand that this checklist is intended as a safety training guide for my laboratory; it may not be a comprehensive list of all the training I need to be safe from the hazards in my specific laboratory. Lab Member Signature: ______Date Completed: ______ Trainer (PI/Supervisor/Designated Trainer) Signature:

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