

New Research Employee / Student Orientation Checklist

Name		Email	
Start Date		Phone #	
Supervisor's Name		Supervisor's Phone #	
Laboratories To Be Used			
Nature of Employment (check all that apply)	<input type="checkbox"/> Graduate Student	<input type="checkbox"/> Technician	
	<input type="checkbox"/> Summer Student	<input type="checkbox"/> Researcher	
	<input type="checkbox"/> Visiting Scholar	<input type="checkbox"/> Post Doc	
	<input type="checkbox"/> Visiting Student	<input type="checkbox"/> Other:	
Status	<input type="checkbox"/> New Employee	<input type="checkbox"/> Has Keys	
	<input type="checkbox"/> Existing Employee	<input type="checkbox"/> Requires Keys	
	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	

Principal Investigator / Supervisor

<input type="checkbox"/>	Arrangements for departmental (and laboratory) orientation	
<input type="checkbox"/>	Computer and workstation/office assigned	Rm:
<input type="checkbox"/>	Student / Supervisor Contract signed	
<input type="checkbox"/>	Arrangements for building / office / laboratory keys	
<input type="checkbox"/>	Health and safety requirements outlined; Incident reporting process explained	
<input type="checkbox"/>	Other:	

Departmental office to retain a final copy of this form.

Please complete and sign to acknowledge completion of training and orientation.

Required Health and Safety Training

College and supervisor(s) determine the training required. Safety Resources provides most training, free of charge. Register for training online: <http://safetyresources.usask.ca>. Copies of course certificates are to be kept on departmental file.

Req'd	N/A	Training	Completed (initial)
<input type="checkbox"/>	<input type="checkbox"/>	Safety Orientation for Employees	
<input type="checkbox"/>	<input type="checkbox"/>	Safety Orientation for Supervisors	
<input type="checkbox"/>	<input type="checkbox"/>	Laboratory Safety	
<input type="checkbox"/>	<input type="checkbox"/>	Workplace Hazardous Materials Information System (WHMIS)	
<input type="checkbox"/>	<input type="checkbox"/>	Biosafety Training	
<input type="checkbox"/>	<input type="checkbox"/>	Radiation Safety	
<input type="checkbox"/>	<input type="checkbox"/>	Laser Safety Training	
<input type="checkbox"/>	<input type="checkbox"/>	TDG (Transportation of Dangerous Goods)	
<input type="checkbox"/>	<input type="checkbox"/>	Nanomaterial Safety Training	
<input type="checkbox"/>	<input type="checkbox"/>	First Aid and CPR training	
<input type="checkbox"/>	<input type="checkbox"/>	Other:	
<input type="checkbox"/>	<input type="checkbox"/>	Other:	

Notes:

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New Employee / Student Expectations

<input type="checkbox"/>	I have received a tour of my workplace and am familiar with facility
<input type="checkbox"/>	I have acknowledge the availability of the University Policies: http://www.usask.ca/policies/
<input type="checkbox"/>	I am aware of University Emergency Alert system: http://www.usask.ca/protectiveservices/
<input type="checkbox"/>	Local emergency response plans are available / understood
<input type="checkbox"/>	Departmental fieldwork and off-campus travel policies and procedures are available / understood
<input type="checkbox"/>	I understand that I am expected to keep my workspace clean and safe, and conduct myself in a professional manner.
<input type="checkbox"/>	I understand that I am responsible to participate in regular inspections of my workspace(s) and resolves known deficiencies / unsafe working conditions.
<input type="checkbox"/>	I understand that all equipment and work areas are to be properly decommissioned and that all chemicals / biologicals are to be properly disposed of or transferred upon completion of research.

Laboratory Orientation Processes

<input type="checkbox"/>	Laboratory protocols and Local Emergency Response Plans are available / understood
<input type="checkbox"/>	Lab is organized and cleaned upon move-in, and whom to report issues to is clearly known
<input type="checkbox"/>	Hazardous materials inventory, storage, labeling and disposal requirements are clearly understood
<input type="checkbox"/>	Site specific training (for all work duties) has been provided
<input type="checkbox"/>	Personal Protective Equipment (PPE) is available and will be used as directed
<input type="checkbox"/>	Accessing Safety Data Sheet (SDS) inventory is understood (hardcopy or electronic)
<input type="checkbox"/>	Written Standard Operating Procedures (SOPs) are available / understood
<input type="checkbox"/>	Reporting expectations explained (injuries, workplace hazards, near misses, and illness)
<input type="checkbox"/>	Other:

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Acknowledgements

<ul style="list-style-type: none"> • I agree to wear required PPE in laboratories (MINIMUM of pants and closed-toe shoes) • I understand that it is my responsibility to follow safe work procedures (SOPs) as they are written, to ask questions to clarify my understanding of procedures, procure help when I am unsure of how to complete work tasks safely, raise concerns and bring forward suggestions for improvements. • I will not take unnecessary risks that endanger my own health and safety, or the health and safety of others. 		
Employee or Student Signature:		Date:
Print Name Here		

<p>I have reviewed the information in this document with new employee/researcher; I have explained their responsibility to:</p> <ul style="list-style-type: none"> • complete all required safety training; • to follow safe work procedures; • the expectation that all known workplace hazards and all work-related injuries be promptly reported. 		
Orientation Provider Signature:		Date:
Print Name Here		

<p>For areas and those I supervise, I will:</p> <ul style="list-style-type: none"> • proactively help ensure safe working environments • provide appropriate job- specific training and supervision • provide safety training records to the Local Safety Committee upon request. 		
Laboratory Manager Signature:		Date:
Print Name Here		

<p>For areas and those I supervise, I will:</p> <ul style="list-style-type: none"> • proactively help ensure safe working environments • provide appropriate job- specific training and supervision • provide safety training records to the Local Safety Committee upon request. 		
Faculty / Supervisor's Signature:		Date:
Print Name Here		

Department Head Signature:		Date:
Print Name Here		

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