Safety Training and Orientation Checklist for Dr. Garcia-Perez Research Group

Trainee Instructions: Print Training History from the Percipio Compliance training website by selecting your name and then Training History. Bring Percipio Compliance transcript, Responsible Conduct of Research certificate, completed safety orientation checklist, and this form to your supervisor for verification. After verification make two copies of the materials and give the original to the BSE main office, give one copy to your supervisor and keep the final copy for your records.

Supervisor Instructions: Verify that training has been completed and sign below. Keep a copy for your records.

Required training for all Dr. Garcia-Perez Research Group faculty, staff, students, volunteers, and visitors:
- ☐ Safety Orientation Checklist – this checklist is to be completed in-person AFTER successfully completing ALL the on-line courses.
- ☐ Asbestos Hazard Awareness
- ☐ Back Safety and Injury Prevention
- ☐ Discrimination and Sexual Harassment Prevention
- ☐ Emergency and Fire Safety Preparedness
- ☐ Ethics in Public Service
- ☐ Fume Hood Safety
- ☐ Hazing Prevention
- ☐ Introduction to Biosafety
- ☐ ITS – Cyber Security Awareness Training (required to retake annually)
- ☐ Laboratory Compressed Gas Safety
- ☐ Liquid Nitrogen Safety
- ☐ Lockout Tagout
- ☐ Office Ergonomics
- ☐ Portable Fire Extinguisher Safety
- ☐ PPE – Eye and Face Protection
- ☐ PPE – Hand Protection
- ☐ Risk Assessment
- ☐ Sharps Safety
- ☐ Slips, Trips and Falls
- ☐ University Laboratory Safety - Working Safely
- ☐ University Laboratory Safety – Analyzing Chemical Hazards
- ☐ University Laboratory Safety – Analyzing Developing and Using Controls
- ☐ University Laboratory Safety – Analyzing Physical Hazards

Office of Research Specific Training
- ☐ Physical Science Responsible Conduct of Research Training - This course is located in a different training system, follow the link to be redirected to the training. Be sure to save the training certificate.

Name of faculty, staff, student, volunteer, or visitor: _____

Completion of training verified by: _____ Date: _____
                              Name of Supervisor