

RESEARCHER, GRADUATE STUDENT AND WORKER ORIENTATION CHECKLIST

This is a living document. It is filled in at the beginning of employment and accessed by supervisors, lab managers and administrators to ensure the safety of graduate students and research personnel in all departments.

NOTE: All health and safety concerns shall be forwarded to the College of Engineering Local Safety Committee (the CoE LSC).

Department/Division:	<input type="checkbox"/> CBE Chemical Biological	<input type="checkbox"/> CGEE Civil Geological	<input type="checkbox"/> ECE Electrical	<input type="checkbox"/> MECH Mechanical	<input type="checkbox"/> BIOE Biomedical	OTHER
Name & Email:						
Start Date / Term:		Workstation Room:		Phone:		
Cellular Phone Number:		Supervisor's Name:				
Laboratories Used:	1.	2.	3.			
Nature of Employment: (check all that apply)	<input type="checkbox"/> Visiting Professor <input type="checkbox"/> Visiting Student <input type="checkbox"/> Summer Student <input type="checkbox"/> Graduate Student <input type="checkbox"/> Researcher <input type="checkbox"/> Postdoctoral Fellow <input type="checkbox"/> Term <input type="checkbox"/> Contractor <input type="checkbox"/>			Working under a Permit? <input type="checkbox"/> YES <input type="checkbox"/> NO Type: <input type="checkbox"/> BIO <input type="checkbox"/> RAD Level: Permit #: PI Name:		
Status:	<input type="checkbox"/> New Employee <input type="checkbox"/> Existing Employee <input type="checkbox"/> Has Keys <input type="checkbox"/> Keys Required <input type="checkbox"/> Other:				LINK TO KEY REQUEST FORM	

A. Principal Investigator / Supervisor:

- Departmental (or lab) orientation arranged Rm: _____
- Computer and workstation/office assigned
- Supervisor and contact information is known – **Supervisor's Office/Phone:** Phone: _____
- Key Request Form completed (*with supervisor or departmental administrator*)
- I have specified the required health and safety training Other: _____

B. Required Health and Safety Training:

(Section B: College and Supervisors determine the training required)

Safety Resources provides the following training free of charge. Register for training online: <http://safetyresources.usask.ca/>

- Check applicable **REQ** boxes below for required training or check **N/A** when not applicable
- Completed Training Documents must be submitted to the designated departmental personnel for their initials of completion. Copies of completions are to be kept on Departmental file.

REQ	N/A		Completed	Initialed:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Safety Orientation for Employees course (<i>mandatory for employees</i>)	<input type="checkbox"/> COMPLETED	_____
<input type="checkbox"/>	<input type="checkbox"/>	Safety Orientation for Supervisors course (<i>mandatory for supervisors</i>)	<input type="checkbox"/> COMPLETED	_____
<input type="checkbox"/>	<input type="checkbox"/>	Laboratory Safety course (<i>mandatory for all lab personnel</i>)	<input type="checkbox"/> COMPLETED	_____
		WHMIS course (<i>mandatory for all lab personnel</i>)	<input type="checkbox"/> COMPLETED	_____
<input type="checkbox"/>	<input type="checkbox"/>	Biosafety course (<i>if working under a Biohazard Permit</i>)	<input type="checkbox"/> COMPLETED	_____
<input type="checkbox"/>	<input type="checkbox"/>	Radiation Safety course (<i>if working under a Nuclear Substance Permit</i>)	<input type="checkbox"/> COMPLETED	_____
<input type="checkbox"/>	<input type="checkbox"/>	Laser Safety Training (<i>mandatory for all users</i>)	<input type="checkbox"/> COMPLETED	_____
<input type="checkbox"/>	<input type="checkbox"/>	TDG (Transportation of Dangerous Goods course) (<i>as needed</i>)	<input type="checkbox"/> COMPLETED	_____
<input type="checkbox"/>	<input type="checkbox"/>	Nanomaterial Safety Training (<i>mandatory for all users</i>)	<input type="checkbox"/> COMPLETED	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/> COMPLETED	_____
<input type="checkbox"/>	<input type="checkbox"/>	First Aid and CPR training (<i>as needed, not free</i>)	<input type="checkbox"/> COMPLETED	_____

C. New Employee, Researcher Expectations:

(Section C: or means Yes)

- I have received a tour of my workplace and am familiar with the locations of offices, labs, washrooms, etc.
- I have acknowledge the availability of the University Policies: http://www.usask.ca/university_secretary/policies/
- I have accessed the College Safety web page: <http://engineering.usask.ca/service-and-support/safety-security.php> and I am familiar with the Local Safety committee, and the policies and procedures for the college.
- Evacuation routes, marshalling areas, and the location of emergency equipment are understood.
- Departmental fieldwork and off campus travel policies and procedures are understood and accessible at: <http://policies.usask.ca/policies/health-safety-and-environment/fieldwork-and-associated-travel-safety.php>
- I understand that I am responsible to participate in regular self-inspections of my workspaces.
- I understand that I am expected to keep my workspace clean and safe, and conduct myself in a professional manner.
- I understand that my workspace will be inspected periodically and I must comply with all safety regulations.
- I understand that I am responsible to resolve deficiencies (sub-standard practices/conditions) found in my workspaces.
- I am aware of University Emergency Alert system: <http://www.usask.ca/protectiveservices/>
- I understand that when I complete my employment I must complete the [Exit Form](#) and ensure all research materials are properly decommissioned, chemicals are properly disposed and work areas are left clean.

D. Laboratory Orientation Processes: N/A (Section D: lab managers/technicians and supervisor, with the student)

Lab 1	Lab 2	Lab 3	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reporting expectations explained (injuries, workplace hazards, near misses, and illness)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chemical and materials inventory, storage, labeling and disposal requirements are clearly understood
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Site specific training has been provided (check-off when complete)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Knows location of MSDS/SDS, and able to readily access MSDS/SDS (hardcopy and/or electronically)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written Standard Operating Procedures (SOPs & HAZOPs) & related training is in place, current and ongoing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Job Safety Analysis, Safety Handbooks and Local Emergency Response Plans are discussed and reviewed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lab is organized and cleaned upon move-in, and whom to report issues to is clearly known

Lab 1 Lab Manager/Faculty Supervisor:		Lab Name/Room:	
Signed:	X	Date:	

Lab 2 Lab Manager/Faculty Supervisor:		Lab Name/Room:	
<input type="checkbox"/> N/A	Signed:	X	Date:

Lab 3 Lab Manager/Faculty Supervisor:		Lab Name/Room:	
<input type="checkbox"/> N/A	Signed:	X	Date:

Acknowledgements:

- a) I understand that it is my responsibility to follow safe work procedures (SOPs & HAZOPs) as they are written.
- b) I agree to wear all PPE required in laboratories, including safety glasses, closed-toe shoes and long pants.
- c) I understand it is my responsibility and the expectation of my supervisor, the department and the college that I ask questions to clarify my understanding and get help when I am unsure of how to complete work tasks safely.
- d) I know whom I am expected to ask questions, raise concerns and bring forward suggestions for improvements.
- e) I will not take unnecessary risks that endanger my own health and safety, or others' health and safety.

It is assumed that names, degrees, designations, lab locations and business contact information will normally be displayed on college and faculty websites, in college and university publications and within research proposals and reports. **If you consent to this use of your personal information please check this box:** & initial: (if nonconsenting, discuss controls with supervisor)

Employee or Student Signature:	X	Date:	
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I have reviewed the information in sections A, B and C on this checklist with new employee/researcher; I have explained their responsibility to complete all required safety training, to follow safe work procedures, and the expectation that all known workplace hazards and all work-related injuries by promptly reported.

Orientation Provider Signature:	X	Date:	
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For areas and those I supervise: I will proactively help ensure safe working environments, provide appropriate job-specific training and supervision, and will provide safety training records to the Local Safety Committee upon request.

Faculty Supervisor's Signature:	X	Date:	
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Department Head Acknowledgement:	X	Date:	
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Copies: Supervisor's Files College Central Files Lab Managers' Files Employee (upon request)