

**University of Minnesota
Lab Specific Annual Update
Record of Training**

Please Print

Name: _____

Department & Division: _____

Job Title: _____

Training Date: _____

Length of Training: _____

Principle Investigator (Trainer) : _____

I was informed about:

- Standard Operating Procedures (SOPs) for experiments
- Review of any changes in the last year to safety or security procedures
- Location of safety documentation, lab safety plan, emergency contacts
- Compliance issues: chemical waste handling, eyewash checks, PPE, sharps, packaging waste for autoclaving, required annual training (BBP etc.)
- Proper use of safety equipment: chemical fume hood, Biosafety Cabinet

This is to certify that the employee named above has completed the above training.

Employee's Signature

Date

Supervisor's Signature

Date

Keep this record for at least five years. Store a copy in the Department Office or with the RSO with other training records. This record must be made available upon request by County, State, Federal, or University of Minnesota Health and Safety Inspectors.

Questions: Call the Biosafety Staff at (612) 626-6002.