



SAFETY TRAINING ACKNOWLEDGEMENT FORM

Please forward completed form with both the Employee/Student's and Supervisor's signatures WR 876 & 3 D \ U R O O 6 payroll.utsc@utoronto.ca.

EMPLOYEE/STUDENT INFORMATION (PLEASE PRINT):

Form fields for Employee/Student information: First Name, Last Name, Department/Division, Room/Laboratory No., Position, Telephone No., Email Address.

It is the responsibility of employee/student to complete safety training courses assigned by the employer and supervisor.

Acknowledgement box for Employee/Student: By completing and signing this form, you acknowledge that you must complete the required safety training assigned by your employer and supervisor. Employee/student's acknowledgement signature required.

EMPLOYER/SUPERVISOR/PRINCIPAL INVESTIGATOR INFORMATION (PLEASE PRINT):

It is the responsibility of the Supervisor to ensure the employee/student has met safety training requirements under the Occupational Health and Safety Act.

Form fields for Supervisor information: First Name, Last Name, Department/Division, Room/Laboratory No., Telephone No., Date.

Acknowledgement box for Supervisor: By completing and signing this form, you acknowledge that your staff must complete the required safety training assigned by you and under the Occupational Health and Safety Act. Supervisor's acknowledgement signature required.

Supervisor must review the Safety Training Matrix for Laboratory Personnel or Safety Training Matrix for Administrative & Facilities Staff and highlight the courses applicable to the employee/student's work. The Safety Training Matrix is on the reverse of this form or can be found at: KWWSV\_ZZZ\_XWVF\_XWRURQWR\_FD\_KU\_KHDOWK\_VDIHW\IRUPV

Instructions for Accessing Training can be found at: https://www.utsc.utoronto.ca/ehs/training-information

For help in course selection, please contact:

876 & (+6 ehs.utsc@utoronto.ca





# Safety Training Matrix For Laboratory Personnel

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	
<b>Biosafety</b> <small>If working with any biological agents, a permit is required. Contact EHS Of</small>	ARE YOU A U OF T FACULTY, STAFF OR STUDENT WHO....																						
	will work in a CL1 / CL2 Lab?																						
	will work with human materials (e.g. blood, specimens, tissue, cells)?																						
	will work with viral vectors (e.g. retrovirus, lentivirus, biological agents)?																						
	will ship/receive/import biological agents?																						
<b>Chemical &amp; Laboratory Safety</b> <small>If working with high hazard chemicals a High Hazard Chemical Permit is required (contact EHS).</small>	will work with/near chemicals?																						
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<b>Radiation Safety</b> <small>If working with any radiation/x-ray or laser source a Radiation Safety permit is required. Contact Of ce of EHS</small>																							
<b>Human &amp; Animal Research Safety</b>																							
<b>Research Abroad</b>																							