THE SCRIPPS RESEARCH INSTITUTE

Annual Refresher Safety Training

Presented by: _____ Signature: _____ Date: _____

As the presenter of this safety training, I confirm that the individuals signed below attended this training in which safety issues specific to this lab as well as institutional concerns were addressed and discussed. The safety training included the following topics as I have initialed. Information concerning these items was provided by the department of EH&S. Reference documents used for this training include the TSRI safety management plan, the EH&S safety standards, and the EH&S training preparation package.

☐ **Emergency Response** (location and use of safety equipment, evacuation routes, etc.)	☐ **Biosafety** (on-line training, waste disposal, BSC, vaccinations, universal precautions, IBC)
☐ **PPE** (gloves, lab coats, safety glasses/goggles, close-toed shoes, blast shields, face shields)	☐ **Chemical Safety** (storage, segregation, inventory bar-code removal, waste disposal, labeling, warning information, etc.)
☐ **Hazard Communication** (MSDS, Safety Management Plan, Safety Postings)	☐ **Radiation Safety** (surveys, inventories, waste disposal, spills, dose limits, RSC)
☐ **Accidents** (reporting requirements, workers compensation, occupational medicine,)	☐ **Ergonomics** (causes, prevention, consultations)
☐ **General/Fire Safety** (earthquake restraints, clutter, clear egress, signs, proper equipment)	☐ **Other [specify]** (high-hazard lab specific procedures: BSL-3, hydrogenation, lasers, perchloric acid hoods, X-ray diffraction): _____

NAME (print)	SIGNATURE	SUPERVISOR/PI	JOB TITLE