

APPENDIX M

UCI EMPLOYEE SAFETY TRAINING TRACKING FORM

## UCI EMPLOYEE SAFETY TRAINING TRACKING FORM (APPENDIX M)

Employee:	Department:
Employee I.D.#:	Job Title:
P.I. or Supervisor:	Job Location:

	TRAINING NEEDED	DATE TRAINED	EMPLOYEE SIGNATURE	TRAINER
<b>REQUIRED FOR ALL EMPLOYEES</b>				
IIPP Core from EH&S (earthquake preparedness, fire, electrical, occupational injury prevention, hazard communication, personal security)	<b>X</b>			
IIPP Departmental (dept. safety rules, building disaster procedures, critical data/equipment plans)	<b>X</b>			
<b>SPECIALIZED*</b>				
Laboratory Safety & Chemical Hygiene Plan Workshop (Hazardous Chemical SOPs, General Biosafety)				
Bloodborne Pathogens Training				
Animal Handling Safety				
Radiation Safety				
Laser Safety Seminar				
Respirator Equipment Usage				
Ergonomics (Computer Workstation Safety)				
Machine Shop Safety				
Lockout / Tagout Procedures				
<b>LAB SPECIFIC TRAINING*</b>				
Particularly Hazardous Substance SOP Training (see CHP Section 5)				
Biosafety Procedures (Infectious Agents, Risk Group 2 and higher)				
Safe Equipment Procedures				
<b>OTHER</b>				

\* Each supervisor should decide which employee training is needed.

NOTE: Use this form to track employee training. Maintain the signed form with departmental IIPP records.