

DMSE Safety Training Tracking Sheet

Last (Family) Name: _____ First Name: _____

JHED ID: _____ Research Advisor: _____

Email: _____ Phone: _____

Status (Check One): Grad Student Undergraduate Post-Doc/Research Staff
 Faculty Department Staff Other: _____

Checklist of required training (to be certified by Safety Chair or Department Administrator.)

Tier 1 – Introduction to Safety (Required for Everyone)

Section	Required?	Completion Date	Certified By (Initials)
Introduction to Safety in DMSE Laboratories	<input checked="" type="checkbox"/>		

Tier 2 – Practical Aspects of Safety (Graduate students, post-docs, and research staff in DMSE must complete all five modules. Others should consult their research advisor or instructor for guidance on which modules are required.)

Section	Required?	Completion Date	Certified By (Initials)
Chemical Safety	<input type="checkbox"/>		
Physical Hazards	<input type="checkbox"/>		
Radiation Safety	<input type="checkbox"/>		
Laser Safety	<input type="checkbox"/>		
Biosafety	<input type="checkbox"/>		

Tier 3 – Lab-Specific Orientation (Research advisor or instructor to indicate which rooms are required.)

Lab (Building and Room Number)	Completion Date	Certified By (Initials)

Tier 4 – Annual Safety Meeting (To be completed by Department Administrator.)

Year	Certified By (Initials)

Certification

I certify that:

I have received the safety training indicated in Tiers 1, 2, and 3 above.

I will follow all laboratory, department, and University safety policies.

I will promptly report any accidents, hazardous situations, or other safety concerns.

If I have any questions about safe laboratory practices, I will ask.

I will conduct my laboratory work with due regard for my own safety and the safety of others.

Signature: _____ Date: _____