| Original Date: 2008-02-22 Rev. | ision No. 4 | | Date Revised: Nov. 10/16 |
|--|-------------|------------------------|--------------------------|
| Reviewed by: (Safety Committee co-chair) | | | |
| MTRL Visitors (Rese | arch) Sa | afety Training | Checklist |
| For more information on the safety program requirements see also: http://mtrl.ubc.ca/safety/ Safety forms and resources for downloading (Resources and Guides) > Introduction to the MTRL Safety Program | | | |
| Your name: | | Date started: | |
| Lab supervisor | E | Expected duration of v | visit: |
| 1. Short-term visitors to research groups may work in research labs with permission of the lab supervisor and after a suitable safety orientation has been provided. The supervisor should determine what safety training is required, commensurate with the hazards of the work to be undertaken. A document that provides a template for safety training can be found below and should be adapted as required. http://mtrl.ubc.ca/safety/ > Safety forms and resources for downloading (Forms and Resources for Supervisors) > Guidelines for Lab-Specific Safety Training. | | | |
| 2. The duration of a short-term visit should be discussed and confirmed with the lab supervisor. Generally a period of less than 1 month is suggested. | | | |
| 3. Short-term visitors will generally not be able to access Stores or technical assistance from shops. If materials or technical help are needed, personnel from the lab group may access these services on their behalf. | | | |
| Specific Training | | | |
| Append any documentation that indicates what safety training has been provided. The visitor should sign off on that as well. | | | |
| Insurance | | | |
| Does the visitor have suitable insurance in case of workplace-related injury or illness? (Usually this is covered by the visitor's home institution. This should be verified.) | | | |
| YESNO | | | |
| Working Alone | | | |
| Will the visitor be working alone? | | | |
| YESNO | | | |
| If yes, has the visitor been informed about the requirements of the lab's working alone policy? | | | |
| YESNO | | | |
| Visitor signature | | · | |
| Training provided by: print name and sign (Indicates all required safety training necessary to commence work has been provided.) | | | |