



## Safety Training Record

Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

Position: \_\_\_\_\_

Supervisor:

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Department: \_\_\_\_\_

Local Health and Safety Committee Representative: \_\_\_\_\_

### Risk Management Services Courses

Course	Required for Work		
	Yes	No	Date completed
Preventing & Addressing Workplace Bullying & Harassment <sup>1</sup>	X		
Chemical Safety Course			
Biological Safety Course			
Radioisotope Safety Course			
Occupational First Aid Level 1			
Transportation of Dangerous Goods			
Safety Committee Training Course			
Floor Warden Training			
WHMIS Training			

### Other Safety Related Course(s)

Course	Required for Work		
	Yes	No	Date completed

<sup>1</sup> Required for all faculty, staff, student workers, and students on unpaid practicums.

**List of Safe Work Procedures**

Title and Brief Description	Read & Understand Risk Factors Associated with Task	
	Worker Initial	Instructor Initial

**Hazard Identification List**

Hazard	Orientation Provided	
	Yes	No