

STANFORD UNIVERSITY LABORATORY-SPECIFIC TRAINING CHECKLIST

Laboratory Name: _____ Building/Room(s): _____

- Add researcher to the "Laboratory Members" list in BioRAFT (Go to <https://stanford.bioraft.com/>)
- Show researcher how to access the STARS training (Go to <https://axess.sahr.stanford.edu/>) and assist them in completing a [Training Needs Assessment](#) for their research. Identify any additional training requirements.
- If applicable, add researcher to relevant [APB](#), APLAC and/or IRB protocols in the [eProtocol](#) program.

Review the location and proper use of the following safety features:

- Information in Life Safety Boxes (including emergency contacts).
- Emergency evacuation routes and [emergency assembly points](#).
- Fire extinguishers and closest fire alarm pull station.
- Safety showers and eyewash stations.
- Emergency shutoffs for laboratory equipment.
- First aid kits.
- Laboratory small spill kits and building spill kits or both.
- Chemical [fume hoods](#), [biosafety cabinets](#), and glove boxes.
- [SU-17 incident report forms](#).
- If applicable, specialized medical supplies (e.g. calcium gluconate for [hydrofluoric acid](#) and amyl nitrite for [cyanides](#)).

Review the following lab hazards, safety plans, procedures, and safety manuals:

- Location of highly hazardous materials, equipment, and processes present in the work area.
- Lab's [PPE assessment](#) and location, use and limitations of required PPE (e.g. gloves, safety glasses, lab coats, etc.)
- Applicable protocols, risk assessments, [Standard Operating Procedure \(SOPs\)](#), lab's local plans (e.g. BBP Exposure Control Plan), safety fact sheets, pathogen safety data sheets and/or work plans for hazardous materials, equipment, or processes present in your work area.
- Laboratory waste management (e.g. [chemical](#), [biological](#), [sharps](#), [radiological](#)).
- Location of Safety Data Sheets in lab or [online](#).
- Location of [Chemical Hygiene Plan](#), [Biosafety Manual](#), and [Radiation Safety Manual](#) in lab or online.
- If work will involve radioactive materials and/or lasers, contact EH&S Health Physics at 723-3202 to discuss training requirements.

I understand that additional risk assessment and training¹ may be required when there is a change in the hazards associated with my work.

By signing this form, I agree that I have been trained on the above checked items.

Trainee name (print): _____

Trainee signature: _____ Date: _____

Training was provided on the above checked items by:

PI/designee name (print): _____

PI/designee signature: _____ Date: _____

¹ Use SU's [Additional Laboratory-Specific or Job-Specific Training Log](#) to document subsequent lab-specific trainings for specific lab equipment, SOPs, etc.