



Annual Safety Orientation

All individuals engaged in laboratory/ hands-on learning space prepping, teaching, or research must attend an annual safety orientation conducted by the Authority or their designee (Principal Investigator, Lab Coordinator, or other qualified personnel), in their lab space per UAA Policies and Procedures and the Controlled-Space Access Plan (CSAP).

This safety orientation covers general laboratory/ hands-on learning space (aka lab) hazards, policies, procedures, the Chemical Hygiene Plan (CHP) or portions of the CHP applicable to the specific lab. Also discussed are equipment, activities, and other hazards specific to the lab space. After reviewing the hazards specific to the lab, training requirements are determined.

Applicant Name (print): _____ UAA ID#: _____

Authority Name (print): _____

Trainer Name (print): _____
 (only if different from Authority)

Authority (Supervisors, PIs, Lab Coordinators, designee, etc.): Review and check all policies the applicant is to read and safety equipment in the lab to be located by the applicant. Provide instruction to the applicant on how to use the equipment in the lab.

Applicant: For each item checked by your Authority, and items designated as ALL, read the policies, locate the safety equipment, and demonstrate the proper use of the equipment where practical. When completed, initial on the line after each item.

UAA EHSRM policies and programs are located online on the EHSRM [Policies and Programs](#) page. UAA laboratory safety documents are located online on the [EHSRM homepage](#), scroll down to Lab (Hands-on) Class Safety Information.

UAA Policies

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|--|---|--|
| <input type="checkbox"/> Animals in UAA Facilities___ | <input type="checkbox"/> Forklift Safety___ | <input type="checkbox"/> Lock Out Tag Out___ |
| <input type="checkbox"/> Bloodborne Pathogens___ | <input type="checkbox"/> First Aid___ | <input type="checkbox"/> Machine Guarding___ |
| <input type="checkbox"/> Confined Space___ | <input type="checkbox"/> Hazard Communication___ | <input type="checkbox"/> Personal Protective Equipment___ |
| <input type="checkbox"/> Controlled Substances Use in Research___ | <input type="checkbox"/> Hazardous Materials Management___ | <input type="checkbox"/> Respiratory Protection___ |
| <input type="checkbox"/> Disposal of Medical and Infectious Waste___ | <input type="checkbox"/> Hearing Protection___ | <input type="checkbox"/> Supervisor and Employee Responsibilities___ |
| <input type="checkbox"/> Electrical Safety___ | <input type="checkbox"/> Incident, Injury, Illness, and Vehicular Accident Reporting___ | <input type="checkbox"/> Tool Safety___ |
| <input type="checkbox"/> Emergency Evacuations___ | <input type="checkbox"/> Laboratory Safety Standards___ | <input type="checkbox"/> Use of Chemical Carcinogens___ |
| <input type="checkbox"/> Fall Protection and Scaffolding___ | <input type="checkbox"/> Ladder Safety___ | <input type="checkbox"/> Welding Safety___ |
| <input type="checkbox"/> Fire Safety___ | <input type="checkbox"/> Lifts and Booms___ | |

UAA Programs

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|--|--|---|
| <input type="checkbox"/> Battery Handling and Storage___ | <input type="checkbox"/> Hand and Portable Power Tools___ | <input type="checkbox"/> Lock Out Tag Out___ |
| <input type="checkbox"/> Biological Safety___ | <input type="checkbox"/> Hazard Communication___ | <input type="checkbox"/> Machine Guarding___ |
| <input type="checkbox"/> Bloodborne Pathogens and Hepatitis B Declination___ | <input type="checkbox"/> Hazardous Materials Management___ | <input type="checkbox"/> Mercury Spills___ |
| <input type="checkbox"/> Cold Stress___ | <input type="checkbox"/> Hearing Conservation___ | <input type="checkbox"/> Personal Protective Equipment___ |
| <input type="checkbox"/> Compressed Gas Cylinders___ | <input type="checkbox"/> Heat Stress___ | <input type="checkbox"/> Powered Industrial Trucks___ |
| <input type="checkbox"/> Confined Space Entry___ | <input type="checkbox"/> Heavy Equipment Operations___ | <input type="checkbox"/> Respiratory Protection___ |
| <input type="checkbox"/> Crystalline Silica___ | <input type="checkbox"/> Housekeeping and Material Storage Safety___ | <input type="checkbox"/> Scaffolding___ |
| <input type="checkbox"/> Electrical Safety___ | <input type="checkbox"/> Ladder Safety___ | <input type="checkbox"/> Walking Working Surfaces___ |
| <input type="checkbox"/> Fall Protection___ | <input type="checkbox"/> Lifts and Booms___ | <input type="checkbox"/> Waste Management___ |
| <input type="checkbox"/> Fire Extinguishers___ | | <input type="checkbox"/> Welding and Hot Work Safety___ |
| <input type="checkbox"/> First Aid___ | | |

UAA Lab (Hands-on) Class Safety Document

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|--|--|---|
| <input type="checkbox"/> Biosafety in Microbiological and Biomedical Laboratories___ | <input type="checkbox"/> Controlled-Space Access Plan___ | <input type="checkbox"/> Research Staff and Student QuickFacts___ |
| <input type="checkbox"/> Building and Laboratory Access Request Form___ | <input type="checkbox"/> Cryogen and Dry Ice Policy___ | <input type="checkbox"/> Service Animals in Laboratories___ |
| <input type="checkbox"/> Chemical Hygiene Plan___ | <input type="checkbox"/> Demonstration Procedure Template___ | |
| <input type="checkbox"/> CHP QuickFacts___ | | |

Specific Hazardous Chemical Training

Contact EHSRM (uaa_ehsrms@alaska.edu) or the Chemical Hygiene Officer (mbmarino@alaska.edu) to schedule the required training.

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|--|---|--|
| <input type="checkbox"/> Benzene___ | <input type="checkbox"/> Inorganic arsenic___ | <input type="checkbox"/> Phenol and Phenol-Chloroform solutions___ |
| <input type="checkbox"/> Cadmium___ | <input type="checkbox"/> Ionizing Radiation___ | <input type="checkbox"/> Respirable crystalline silica/ Silica dust___ |
| <input type="checkbox"/> Chromium (VI)/ Hexavalent chromium___ | <input type="checkbox"/> Lead___ | |
| <input type="checkbox"/> Formaldehyde/Formalin solutions___ | <input type="checkbox"/> Methylene chloride/ Dichloromethane___ | |

Course/Lab Specific Documents

The Authority may include any documents specific to the course or hands-on learning space that employees need to review.

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| <input type="checkbox"/> Building Emergency Plan___ | <input type="checkbox"/> Fire Safety___ | <input type="checkbox"/> Shelter in Place___ |
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Documents not already listed:

Location of General Emergency Information & Equipment

 Emergency Assembly Area___ Emergency Contact List___ Evacuations Map/Route___ Fire Blanket___ Fire Extinguisher___ Fire Pull___ First Aid Kit___ Phone___ Reporting an Emergency Poster___

UAA General Emergency Procedure

 Accident/Incident Reporting/ Origami___ Building Lock-down Procedure___ Earthquake Procedure___ Evacuation Procedure___ Room Equipment Safety/ Maintenance___

Safety Equipment and Personal Protective Equipment: Locate and Demonstrate Use

 Biohazard Disposal___ Biosafety Cabinets___ Eye Protection___ Eyewash Station(s)___ Fume hoods___ Gas Shut-off Valves___ Glass Disposal Box___ Gloves___ Safety Shower___ SDS online and offline access___ Sharps Disposal Box___ Spill kit___ Towel/Sweatsuit/Spare clothing___

Applicant: I acknowledge reading, understanding, and agreeing to abide by the above noted policies, programs, and procedures and all other pertinent UAA policies and procedures. I have received training in the use of indicated safety equipment.

Signature

Date

Trainer/Authority: By signing this document, I have made clear to the applicant that they will abide by all pertinent UAA policies, programs, and procedures. I have provided training in the use of indicated safety equipment.

Signature

Date