Template Safety Orientation Guideline For Internship Host Organizations

Safety Training Review by Sponsor/Supervisor

☐ Introduce and add researcher to roster in the company’s safety administrative management system
   Review the individual’s tasks, identify core and specialized trainings necessary, and demonstrate how to access trainings and/or register for classroom training sessions
☐ Other required trainings (e.g. Blood borne Pathogen):________________________________________________________

☐ Review site-specific training on safety plans (e.g. Chemical Hygiene Plan, Field Safety Plan)/SOPs
   For highly hazardous materials, equipment, or processes that pertain to the individual’s tasks

Orientation

Review the following safety features:

☐ Location and information in emergency response plans/guides (typically next to wall phones or main exits)
☐ Emergency evacuation route and meeting area
☐ Location of fire extinguishers and closest fire alarm pull station
☐ Location and proper use of safety showers and eyewash stations
☐ Location of Safety Data Sheets in lab or online
☐ Location of Chemical Hygiene Plan in lab or online
☐ Location of accident report forms and filing process
☐ PPE policy, lab PPE assessment report and location of required PPE (gloves, safety glasses, lab coats, etc.)

Yes N/A

☐ ☐ Location and review of other safety plans: e.g. Exposure Control Plan, Biosafety Manual, Field Safety Plan
☐ ☐ Lab waste management, including location & use of accumulation areas
☐ ☐ Location and proper use of highly hazardous materials, equipment, or processes, and location of SOPs
☐ ☐ Location and proper use of chemical fume hoods and/or biosafety cabinets
☐ ☐ Location and use of first aid and spill kits

Trainee Information & Signatures

Δ Undergraduate       Δ Post Doctoral Fellow    Δ Intern        Δ Visitor
Δ Graduate Student    Δ Staff             Δ Core Customer Δ Vendor

Trainee Name:________________________________________________________ Signature:__________________________________________

Orientation given by (PI/designee):____________________________________________ Signature:___________________________________

Laboratory/Core Name:________________________________________________________ Date:________________________

cc: Principal Investigator: A copy of this form should be kept on file by uploading a scanned copy to SAM.