

NEW EMPLOYEE TRAINING CHECKLIST

Employee Name:	Department:
Building:	Supervisor:
LIN #:	Telephone #
E-Mail:	

Training Required:

Employee may be exposed to or be responsible for: (check all that apply)

1. Chemicals	6. Waste Generation	11. Shipping of Hazardous Materials
2. Electricity	7. Overhead Cranes	12. High Noise Areas
3. Servicing or Maintenance of Equipment	8. Forklifts	13. Lasers
4. Biohazards	9. Confined Spaces	14. Laboratory Safety
5. Radioactive Materials	10. Cylinders	15. Fall Protection
16. Other, please explain		

RIGHT-TO-KNOW TRAINING:

I am aware of Lehigh University's Right to Know Program and have completed online (or in person) training.

Signature

Date

SEND COPY OF COMPLETED FORM TO:

**Environmental Health and Safety
211 Warren Square**