**NEW EMPLOYEE TRAINING PROFILE**

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

**Training**

Training must be given for the items checked below. Please check, sign, and date when the training has been completed. Please contact Environmental Health and Safety (x84251) for training materials/programs or if you need assistance completing the required training.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Training Needed** | **Date Training** **Conducted** | **Trainer’s Signature** | **Employee’s Signature** |
|  |  1. Right-To-Know |  |  |  |
|  |  2. Electrical Awareness  |  |  |  |
|  |  3. Lockout/Tagout |  |  |  |
|  |  4. Bloodborne Pathogens |  |  |  |
|  |  5. Radiation Safety |  |  |  |
|  |  6. Waste Training |  |  |  |
|  |  7. Overhead Cranes |  |  |  |
|  |  8. Forklift Certification |  |  |  |
|  |  9. Confined Spaces |  |  |  |
|  | 10. Cylinder Safety |  |  |  |
|  | 11. DOT Shipping |  |  |  |
|  | 12. Hearing Conservation |  |  |  |
|  | 13. Laser Safety |  |  |  |
|  | 14. Lab Biosafety |  |  |  |
|  | 15. Fall Protection |  |  |  |

COMMENTS:

**Please forward this form to Environmental Health and Safety, 211 Warren Square and keep a copy for your files.**