Creighton University
Laboratory Personnel Safety Check List

Volunteer Name ___________________________ Date ____________
Department ___________________________ Bldg. ___________ Rm. # ____________
Principal Investigator or Lab Supervisor ____________________________

1. ______ Has the PI/Lab Supervisor discussed the nature of the research being conducted in the laboratory?

2. ______ Has the PI/Lab Supervisor discussed all hazardous components of the research and the known symptoms associated with exposure to said hazards?
   a.______ chemical    b.______ biological    c.______ physical

3. ______ Has the PI/Lab Supervisor identified the location of the university and/or laboratory Chemical Hygiene Plan and all Laboratory and Standard Operating Procedures for the volunteer?

4. ______ Has the PI/Lab Supervisor identified the location of Material Safety Data Sheets (MSDSs) and directed the volunteer to read the warnings on all chemicals prior to use?

5. ______ Has the volunteer reviewed the documents listed in items 3 and 4?

6. ______ Has Personal Protective Equipment required in the laboratory been discussed?

7. ______ Does the volunteer need a respirator? If yes, arrange for exposure evaluation, training and fit testing through the Department of Environmental Health and Safety at 402-546-6400.

8. ______ Have all emergency equipment locations/procedures been identified to the volunteer?
   a.______ Emergency Shower    d.______ Fire Extinguisher
   b.______ Emergency Eyewash    e.______ Spill Kit
   c.______ Fire Alarm Pull Station    f.______ Telephone 402-280-2911 or x2911 (Public Safety)

9. ______ Have waste handling procedures for each laboratory been explained for:
   a.______ solvents?    d.______ sharps/broken glass?
   b.______ acids/bases?    e.______ biohazardous material?
   c.______ radioactive material?    f.______ animal carcasses?

10. ______ Has the volunteer received appropriate safety training?
    a.______ Lab Safety (annually)    b.______ Radiation Safety (as required)    c.______ Bloodborne Pathogens (as required)
All laboratory personnel must: **know** the hazards  
**understand** the hazards  
**have skills** to execute safe practices

I certify that I have reviewed the above procedures with this volunteer.

Principal Investigator/Lab Supervisor (print)  
Signature  
Date

I certify that the Principal Investigator/Lab Supervisor reviewed the above procedures with me and that I have reviewed the appropriate documents.

Volunteer Name (print)  
Signature  
Date

- **Return a COPY of completed form to the Risk Management Office. Retain the original for your records.**
- **This form must be completed at time of initial laboratory work and any time the scope of work (types of chemicals or other hazards) changes significantly.**