

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.