

Safety Training for: NEW DEPARTMENT OCCUPANTS

LEVEL 3 TRAINING

Name: _____

Building/Office/Laboratory: _____

Position: _____

Arrival Date: _____

| Checklist Item/Action | Time Period to be Completed After Arrival Date | Actual Date of Completion | Signature of Authorized Personnel |
|--|---|----------------------------------|---|
| 1.A. PBE Safety Committee Orientation | 1 week | | A PBE Safety Committee Member |
| 1.B. SUNY-ESF Environmental Health & Safety Website | 2 weeks | | A PBE Safety Committee Member |
| 1.C. PBE Safety Center (209A Walters Hall) | 2 weeks | | A PBE Safety Committee Member |
| 1.D. View Safety Video | 2 weeks | | Mr. Burry (PBE Safety Com.) Major Professor/Supervisor (Comprehension concern) |
| 2.A. & 3.A. Lab Inspection & Safety Training | As soon as possible | | Environmental Health & Safety |

Please return this completed form to Lynn Mickinkle, 205 Walters Hall.