

Safety Training for: New PBE Department Members

LEVEL 3 TRAINING

Name: _____

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. Lab Inspection & Safety Training	As soon as possible		Environmental Health & Safety
2. PBE Safety Committee Website and Orientation	2 weeks or sooner		A PBE Safety Committee Member
3. SUNY-ESF Environmental Health & Safety Website	2 weeks or sooner		A PBE Safety Committee Member
4. View Safety Video	2 weeks or sooner	_____	Mr. Burry (PBE Safety Com.) Major Professor/Supervisor (<u>Comprehension concern</u>)

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