

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. Westby (PBE Safety Com.) Major Professor/Supervisor (Comprehension concern) |

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