# PBE

**Safety Training for: NEW PBE Department Members**

**LEVEL 3 TRAINING**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Office/Laboratory:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Arrival Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| 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 weeksor sooner |  | A PBE Safety Committee Member |
| **3.** SUNY-ESF Environmental Health & Safety Website  | 2 weeksor sooner |  | A PBE Safety Committee Member |
| **4.** View Safety Video | 2 weeksor sooner |  | Mr. Westby (PBE Safety Com.)Major Professor/Supervisor(Comprehension concern) |

Please return this completed form to Barb Scharf, 205 Walters Hall.