

# Safety Compliance Form

Initial all statements. Enter "N/A" if not applicable.

Employee Start Date \_\_\_\_\_

## For All CVM Employees:

\_\_\_\_\_ I agree to complete all required safety training as mandated by Kansas State University (KSU) Environmental Health & Safety (EHS), the College of Veterinary Medicine (CVM) Biosecurity, Environmental Health & Safety (B,EHS) Committee and applicable federal and state agencies.

**Online training must be completed prior to commencing work.**

**In-person training must be completed within 60 days of employee's start date.**

\_\_\_\_\_ I understand training records are to be reviewed by supervisor and kept on file.

## For CVM employees working in laboratories or other environments where similar hazards may present themselves:

\_\_\_\_\_ I agree to familiarize myself with the following safety manuals:

- KSU Lab Safety
- KSU Chemical Hygiene
- KSU Radiation (if applicable)
- KSU Biohazardous/Medical Waste Management and Sharps Procedures

\_\_\_\_\_ I understand that prior to beginning work in the lab, I must be trained on the standard operating procedures (SOPs) specific to the tasks I will be performing. Proficiency will be verified by my supervisor and training records kept on file.

\_\_\_\_\_ I understand additional training specific to my scope of work may be required by my supervisor or specialized regulatory body overseeing compliance in my work setting.

\_\_\_\_\_  
Name of Employee [Print]

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Supervisor\* [Print]

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\* If necessary, the Department Safety Representative may sign on behalf of employee's direct supervisor.

A summary of CVM training course requirements can be found here:

<http://www.vet.k-state.edu/about/safety-compliance/basic-training.html>

A summary of KSU training course requirements and scheduling can be found here:

<http://www.k-state.edu/safety/training/>

**Check off training that has been completed and date accordingly.**

**For All CVM Employees:**

**Online:**

- Fire Safety \_\_\_\_\_
- Safe Lifting \_\_\_\_\_
- General & Office Ergo \_\_\_\_\_

**In-Person (KSU EHS):**

- Fire Extinguisher \_\_\_\_\_
- Hazardous Waste Awareness \_\_\_\_\_

**In addition, for CVM employees working in laboratories, hospital or other environments where similar hazards may present themselves, check off the following:**

**In-Person (KSU EHS):**

- Hazard Communication \_\_\_\_\_

**I hereby confirm the above employee has completed the requisite training within the allotted time from the employee's start date.**

\_\_\_\_\_  
Name of Supervisor\* [Print]

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\* If necessary, the Department Safety Representative may sign on behalf of employee's direct supervisor.

**This completed form is to be filed with employee's supervisor.**

**Training must be renewed every three years and certificate of renewal filed accordingly.**