Safety Compliance Form

Please Check Applicable Option and Date Accordingly

New Employee Start ____________________  [For Renewal] Completion of Last Training ____________________

☐ New Employee:  Online training must be completed prior to commencing work.
In-person training must be completed within 60 days of employee’s start date.

☐ Renewal:  Online training must be completed within 10 days of date of completion of last training.
In-person training must be completed within 60 days of date of completion of last training.

Initial all statements. Enter “N/A” if not applicable.

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.

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 signed copy of this page must accompany any access control form.
A summary of CVM training course requirements can be found here:
http://www.vet.k-state.edu/about/safety/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:

<table>
<thead>
<tr>
<th>Online:</th>
<th>In-Person (KSU EHS):</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Fire Safety __________ (date)</td>
<td>☐ Fire Extinguisher __________ (date)</td>
</tr>
<tr>
<td>☐ Safe Lifting __________ (date)</td>
<td>☐ Hazardous Waste Awareness __________ (date)</td>
</tr>
<tr>
<td>☐ General &amp; Office Ergo __________ (date)</td>
<td></td>
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</tbody>
</table>

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 __________ (date)

I hereby confirm I have completed the requisite training within the allotted time from either the onset of employment or date of last training certification.

___________________________ ___________________________ _____________
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.

This completed form is to be filed with employee’s supervisor.
Training must be renewed every three years.