

Safety Compliance Form

New Employee ■ Initial Training

Onboarding: Training must be completed **prior to** obtaining keycard access permissions.

CVM training requirements are outlined here: <https://www.vet.k-state.edu/about/safety/training.html>

All CVM Employees:

Initial and **record date** (MM/DD/YYYY) completed.

_____ I have completed all training, as outlined on page 2 of this form, which is required for my position within the College of Veterinary Medicine. _____ Date (MM/DD/YYYY)

_____ I have completed a safety walk-through with my direct supervisor, their designee, or my departmental/unit safety representative. _____ Date (MM/DD/YYYY)

CVM employees working in a laboratory, hospital, or other environment where similar hazards may be present:

Initial each relevant statement. Enter **NA** if not applicable to your position.

_____ I agree to familiarize myself with the following documents:

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

These documents can be found here: <https://www.vet.k-state.edu/about/safety/documents.html>

_____ I understand that prior to beginning work 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 will be 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.

The CVM Safety & Compliance website provides other safety-related resources as well as the documents and training referenced above.

<https://www.vet.k-state.edu/about/safety/>

All training is conducted through the HSI (VIVID) Online Learning Management System. Account access and registration can be found at <https://www.k-state.edu/safety/training/vivid/registration/>

Training required for all CVM employees:

Record date (MM/DD/YYYY) completed.

_____ Active Shooter Response _____ Back Safety and Injury Prevention
_____ Office Ergonomics _____ Behavior-Based Safety
_____ Emergency and Fire Preparedness Overview

Additional training required for CVM employees working in a laboratory, hospital, or other environment where similar hazards may be present:

Record date (MM/DD/YYYY) completed. Enter **NA** if not applicable to your position

_____ Eyewash and Safety Showers _____ Hazard Communication at KSU
_____ KSU Initial Hazardous Waste Awareness

University Laboratory Safety Modules:

_____ Analyzing Hazards _____ Developing & Using Controls
_____ Working Safely

I hereby confirm I have **completed** all required training as outlined above.

Name of Employee (Print) Employee Signature Date (MM/DD/YYYY)

Name of Supervisor¹ (Print) Supervisor Signature Date (MM/DD/YYYY)

¹ If necessary, the Departmental Safety Representative may sign on behalf of the Supervisor.

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