

## Student Record of Unit/Department Health & Safety Training Checklist

(to be completed onsite within 48 hrs of start)

ent Name:	School/Institution:	
gram/Course Name:	Program Year:	_
C Unit/Department:	Preceptor/Instructor Name:	
ement Start & End Date:		
Unit/Department Specific H & S Training		Status
Procedures for Code Red including:  Nearest emergency egress Location of fire extinguishers Evacuation location		
First aid station location		
Location of OHSW		
Review of chemicals used in the unit/dept. inclu	ıding:	

Assistive devices (transfer boards, lifts, etc.) location and safe use

Review of safe work practices, special handling instructions, PPE

Safe Disposal

Location/access to MSDSs Location and contents of spill kit Code Brown procedure reviewed

Review of PPE requirements including:  Where PPE is stored/accessed  What procedures/job tasks require PPE (e.g. patient on additional precautions/isolation, tasks where risk of exposure/splash to Blood/body fluids/chemicals is possible, etc.)  Where PPE is stored/can be accessed including:  Eye protection (safety glasses, goggles, face shield), Hand protection (types of gloves)  Procedure Masks and N95 Respirators  Gowns, lab coats, lead aprons, collars, gloves  Other		
Reviewed safe operating procedures on the following pieces of equipment, tools, machinery:		
Reviewed procedures for pre-use equipment inspections		
Reviewed procedures for equipment defects & removal from service		
Reviewed unit/departmental specific policies and procedures including:		
The following additional training has been completed (please specify):		

DATE

**STUDENT/LEARNER SIGNATURE** 

INSTRUCTOR OR PRECEPTOR/SUPERVISOR SIGNATURE