



Safety Training Record

Name: _____ Start Date: _____

Position: _____

Supervisor:

Name: _____

Phone #: _____

Department: _____

Local Health and Safety Committee Representative: _____

Risk Management Services Courses

Course	Required for Work		
	Yes	No	Date completed
Preventing & Addressing Workplace Bullying & Harassment ¹	X		
Chemical Safety Course			
Biological Safety Course			
Radioisotope Safety Course			
Occupational First Aid Level 1			
Transportation of Dangerous Goods			
Safety Committee Training Course			
Floor Warden Training			
WHMIS Training			

Other Safety Related Course(s)

Course	Required for Work		
	Yes	No	Date completed

¹ Required for all faculty, staff, student workers, and students on unpaid practicums.



List of Safe Work Procedures

Title and Brief Description	Read & Understand Risk Factors Associated with Task	
	Worker Initial	Instructor Initial

Hazard Identification List

Hazard	Orientation Provided	
	Yes	No