TRAINING RECORDS

CHEMICAL HYGIENE TRAINING RECORD

I have recieved CHEMICAL HYGIENE TRAINING as described in the Histology Safety Manual, meeting OSHA requirements.

Date of Initial Training:

Employee Signature:

Instructor:

UPDATES AND RETRAINING DATE: PRESENTER: EMPLOYEE SIGNATURE:

COLOR-BLINDNESS TESTING

Instructions: In a large scale examination the test may be simplified to an examination of six plates.

- 1. Testing should be done in a well lit room, electric light should be adjusted to resemble natural light.
- 2. The plates are held 3 ft. from the subject and tilted so the plane of the paper is at right angle to the line of vision.
- 3. Each answer should be given without more than three seconds delay.
- 4. A normal recording of all plates is proof of normal color vision. Any discrepancies must be documented and then tested by the Ophthalmology Department.

Name: _____

Date:

Tested by:

Score:1.

2.	
3.	
4.	
5.	
6.	

Notes:

ELECTRICAL SAFETY TRAINING RECORD

I have recieved ELECTRICAL SAFETY TRAINING as described in the Histology Safety Manual.

Date of Initial Training:

Employee Signature: _____

Instructor:

UPDATES AND RETRAINING DATE: PRESENTER: EMPLOYEE SIGNATURE:

FIRE DRILL REPORT

Date: _____Time:_____

Quarter:1. January-March(Circle one)2. April-June

3. July-September

4. October-December

Note: one drill per quarter.

Staff Participating

Action Taken / Simulated:

1. Cabinets closed	Yes	No
2. Fume hood sashes drawn	Yes	No
3. Microtome blades put away	Yes	No
4. Fire "Pull Stations" activated	Yes	No
5. Doors closed	Yes	No
Adjacent areas notified	Yes	No
Fire fought/controlled	Yes	No
8. Evacuation of immediate area	Yes	No

FIRE SAFETY TRAINING RECORD

I have recieved FIRE SAFETY TRAINING as described in the Histology Safety Manual.

Date of Initial Training:

Employee Signature:

Instructor: _____

UPDATES AND RETRAINING DATE: PRESENTER: EMPLOYEE SIGNATURE:

BLOODBORNE PATHOGEN TRAINING RECORD

I have recieved BLOODEBORN PATHOGEN TRAINING as described in the Histology Safety Manual, meeting OSHA requirements.

Date of Initial Training:

Employee Signature:

Instructor:

UPDATES AND RETRAINING

DATE: PRESENTER: