



Lab Specific Safety Training Checklist

DATE OF TRAINING: _____

This checklist includes many of the major potential hazards that can be found within AeroAstro lab space. Additional required trainings are listed in red. Use this as a guide for annual refresher training. **For new members please fill out and check off training topics as you complete them.** If your lab does not have a specific listed hazard, check off Not Applicable (N/A) for the entire section or the individual hazards. **When a new member has been trained, please sign this form and return to Todd Numan** in 36-472A (tnuman@mit.edu) or drop off with Anthony Zolnik (33-208b).

Credit for new members will be given once a completed, signed training checklist has been received.

Full Name (Print): _____ KERBEROS/Email: _____

Supervisor/PI: _____ MIT ID#: _____

SEC 1 - GENERAL LAB SAFETY INFORMATION: **REQUIRED FOR ALL**

- Training Needs Identification Checklist (Explain or assist filling out this online form)
 - Lab Access -Keys/Cards/Codes (Explain group expectations and help fill out forms as needed)
 - No Food and Drink in lab (Explain that this is an MIT Policy)
 - Proper Lab Attire (Discuss what can be worn in the labs)
 - [Work Alone Policy](#) (Discuss MIT Policy and any PI specific requirements)
 - Lab Cleanliness (housekeeping, repairs, maintenance)
 - [Trash and Recycling in the Lab](#) (Does your lab have any specific recycling requirements?)
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SEC 2 - [EMERGENCY PREPAREDNESS INFORMATION](#): **REQUIRED FOR ALL (CHECK N/A IF NOT IN LAB)**

- Location of Emergency Response Guide Posters/Emergency Contact Information
 - Evacuation Routes and Meeting Locations (Physically point out specific locations)
 - Location of nearest Fire Extinguishers N/A
 - Location of nearest AED N/A
 - Location of nearest Eye Wash N/A
 - Location of nearest Emergency Shower N/A
 - Location of First Aid Kits N/A
 - Location of Spill Response Kits N/A
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SEC 3 - MISCELLANEOUS LAB SAFETY TRAINING: **REQUIRED IF USED IN LAB OR CHECK N/A**

- | | | | |
|---|------------------------------|--|------------------------------|
| <input type="checkbox"/> Safe Use and Storage of Gas Cylinders | N/A <input type="checkbox"/> | <input type="checkbox"/> Safe Use of Shop Tools | N/A <input type="checkbox"/> |
| <input type="checkbox"/> Safe Use of Cryogenics - Training opp. (466) | N/A <input type="checkbox"/> | <input type="checkbox"/> General Electrical Safety - Training opp. (425) | N/A <input type="checkbox"/> |
| <input type="checkbox"/> Safe Use of Laser Cutters | N/A <input type="checkbox"/> | <input type="checkbox"/> Safe Use of High Voltage | N/A <input type="checkbox"/> |
| <input type="checkbox"/> Safe Soldering Techniques | N/A <input type="checkbox"/> | <input type="checkbox"/> Proper Handling of Sharps | N/A <input type="checkbox"/> |

SEC 4 - CHEMICAL USE TRAINING: REQUIRED IF USED IN LAB OR N/A

- | | |
|--|--|
| <input type="checkbox"/> Chemical Hazard Overview | <input type="checkbox"/> Proper Use of Hoods |
| <input type="checkbox"/> Chemical Storage and Compatibility | <input type="checkbox"/> Personal Protective Equipment (PPE) |
| <input type="checkbox"/> Chemical Inventory & SDS Availability | <input type="checkbox"/> Respirator Use |
| <input type="checkbox"/> Hazardous Waste Disposal (SAAs) & Red Cards | <input type="checkbox"/> Gas Detection Systems |
| <input type="checkbox"/> Safe Use of Hydrofluoric Acid Training req. (130) | <input type="checkbox"/> Trainings Required (100, 111, 501) |
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SEC 5 - [LASER USE TRAINING](#): REQUIRED IF USED IN LAB OR N/A

- | | |
|---|--|
| <input type="checkbox"/> Types of Lasers (Power and Wavelength) | <input type="checkbox"/> Other Personal Protective Equipment (PPE) |
| <input type="checkbox"/> Laser In Use Sign | <input type="checkbox"/> Training Required (371) |
| <input type="checkbox"/> Location of Laser SOP | |
| <input type="checkbox"/> Laser Eyewear | |
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SEC 6 – PHYSICAL HAZARDS SAFETY TRAINING: REQUIRED IF USED IN LAB OR CHECK N/A

(Review EHS and Group SOPs/SOGs detailing safety considerations)

- | | | | |
|--|------------------------------|--|------------------------------|
| <input type="checkbox"/> Autonomous Vehicles | N/A <input type="checkbox"/> | <input type="checkbox"/> Battery Use/Charging/Storage/Disposal | N/A <input type="checkbox"/> |
| <input type="checkbox"/> UAS's / Drones | N/A <input type="checkbox"/> | <input type="checkbox"/> Radiation Sources | N/A <input type="checkbox"/> |
| <input type="checkbox"/> Collaborative Robotics | N/A <input type="checkbox"/> | <input type="checkbox"/> Other Personal Protective Equipment (PPE) | N/A <input type="checkbox"/> |
| <input type="checkbox"/> Working at Heights | N/A <input type="checkbox"/> | <input type="checkbox"/> Any additional Training Required | N/A <input type="checkbox"/> |
| <input type="checkbox"/> 3D Printer Safety | N/A <input type="checkbox"/> | | |
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Building and room numbers that this training took place: _____

Trainers Full Name (Print): _____

Trainers Signature: _____

Please return to Todd Numan in 36-472A (tnuman@mit.edu) or Anthony Zolnik (33-208b).

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