### Microbial Infection & Immunity Laboratory Training Checklist

**PURPOSE:** To ensure that all MI&I staff and students conducting research are adequately trained and that training is properly documented. Initial and date each completion (**please no arrows/lines**). Once training is complete, and on file in department training records, independent laboratory work can begin.

EMPLOYEE INFORMATION				
Employee/Student Name:				
Principal Investigator:				
GENERAL			TRAINER	DATE COMPLETED
The employee/student has received a 7 <sup>th</sup> floor facility to	ır		MAINER	DATE COMITETED
Restrooms		Office Supplies		
☐ Break Areas		Ice Machine		
☐ Printer/Copier(s)/Mail		Autoclaves/Dishwas	hore (PPT Ov	wood)
1 1 1 1 1			sileis (BRT OV	viieu)
The employee/student is trained on the supply room, ho discard boxes, which items are on shareplan, and how to				
items for order.	теці	dest shareplan		
The employee/student is trained on the shared chemical	area	and how to keep		
the balances clean.		•		
The employee/student is trained on the MI&I core respo	nsibi	lities document		
and how to report issues to responsible staff.				
The employee/student is trained on how to access and u	se th	ie MI&I area		
scheduling Google Sheets.				
The employee/student is trained in the standard microbi	ologi	ical practices and		
procedures for the laboratory.				
The employee/student is trained in the proper use and p	repa	ration of		
laboratory disinfectants.				
The employee/student is trained in the proper disposal r				
materials (biological and chemical). Review signs on endo				
The employee/student is trained in the proper procedure		r equipment in the		
laboratory (e.g. fume hoods, biological safety cabinets, e				
The employee/student is trained to understand the facility				
door to the laboratory to be kept close, no gloved hands	ın tn	ie naliways, use of		
secondary transport containers, etc.).	Jahr	aratory's Chamical		
The employee/student is trained on and understands the Hygiene Plan.	labo	oratory's Chemical		
The employee/student is trained on and understands the	laho	oratory's		
Exposure Control Plan.	: labt	Statory 5		
REFERENCES			TRAINER	DATE COMPLETED
The employee/student has been provided instructions for	r acc	ressing the NIH		D/(12 GO)(11 EE1ED
Guidelines: osp.od.nih.gov/biotechnology/nih-guidelines		cooning the Mill		
The employee/student has been provided instructions for		cessing OSU's		
Institutional Biosafety Manual:		0 7 -		
ehs.osu.edu/sites/default/files/complete bsm.pdf				

Page 1 of 5 Version 11 - 100923

# **Microbial Infection & Immunity**Laboratory Training Checklist

EMPLOYEE/STUDENT HEALTH	TRAINER	DATE COMPLETED
The employee/student is aware of all biological, chemical, radiological, and		
other hazards in the laboratory.		
The employee/student has completed an occupational risk assessment via the		
Online Risk Assessment Tool (ORAT) orrp.osu.edu/iacuc/occhealth		
The employee/student knows and understands the signs and symptoms		
associated with exposure to the hazards in the laboratory and how exposure		
can occur (e.g., skin contact, respiratory, eyes).		
The employee/student is trained to know that eating, drinking or storage of		
food/beverages is not permitted in any laboratory area, including desks located		
within laboratories.		
PERSONAL PROTECTIVE EQUIPMENT (PPE)	TRAINER	DATE COMPLETED
The employee/student is trained to know the appropriate PPE to wear to		
ensure adequate protection from the hazards in the laboratory.		
The employee/student has been provided a lab coat. If no extra lab coats are		
available, please arrange for them to receive one.		
The employee/student is trained to doff PPE prior to leaving the laboratory. No		
PPE – lab coat, gloves, etc. should be worn in the office/printer areas.		
EMERGENCY PROCEDURES & ACCIDENT REPORTING	TRAINER	DATE COMPLETED
The employee/student is aware of and understands safety signage.		
The employee/student can locate the list of emergency contacts in the lab.		
The employee/student is aware of the location of the first aid kit.		
The employee/student is aware of the location of the eyewash and safety		
shower and understands how to use them.		
The employee/student is aware of the location of the nearest fire alarm and fire		
extinguisher.		
The employee/student is aware of the building emergency evacuation route		
and gathering location.		
The employee/student is aware of the location of the chemical spill kit and		
understands the spill cleanup procedures for the chemicals present in the		
laboratory. This should be demonstrated, and a walkthrough performed.		
The employee/student understands the spill cleanup procedures for biological		
spills in the laboratory including shared areas/shakers. This should be		
demonstrated, and a walkthrough performed.		
The employee/student is aware of where to go for treatment after an exposure		
or emergency (this varies per role).		
The employee/student is trained in the proper procedures to report incidents		
and injuries (e.g., the need to report incidents to the supervisor immediately,		
types of incidents that need to be reported, form(s) to fill out).		
The employee/student is trained in the proper procedures to report accidents		
involving rDNA, biohazards and animal incident reporting (online submission		
for each person involved). Web Link		

Page 2 of 5 Version 11 - 100923

# **Microbial Infection & Immunity**Laboratory Training Checklist

MI&I STANDARD OPERATING PROCEDURES (SOPs), CHP, ECP	TRAINEE	DATE COMPLETED
have read the following MI&I documents on shelf in 760X hallway		
7% Fyrite	+	
Carbon Dioxide (Dry Ice)		
Centrifugation		
Clorox Bleach		
Compressed Gases		
Gel Electrophoresis		
Liquid Nitrogen		
UV Radiation		
MI&I Chemical Hygiene Plan		
OSU and Lab Specific Exposure Control Plans		
COMPLIANCE	TRAINEE	DATE COMPLETED
I have completed the OSU Responsible Conduct of Research Course and print		
and attach the completion certificate orc.osu.edu/regulations-policies/rcr/		
I have completed the OSU Financial Conflict of Interest Disclosure (eCOI)		
orc.osu.edu/regulations-policies/coi/ecoi/		
COMPUTER BASED LEARNING (CBLs)	TRAINEE	DATE COMPLETED
have completed all CBL classes listed below in BuckeyeLearn. NOTE: If I am		
unable to access classes, I have reached out to my Lab Manager/HR		
contact/Lisa Margeson for an update on HR onboarding process. Search feature		
may need to be used to locate these online classes.		
Compliance Your Responsibilities		
HIPAA and Institutional Data Compliance		
Management of Patients at Elevated Risk of Suicide		
Infection Prevention Starts With You		
Patient Safety		
Safety and Emergency Preparedness		
Your Role in Workplace Safety and Security		
Cultural Competency for Staff AND Providers (multiple options available)		
Report = Support or U Got This (depends on position)		
Biological Safety Training for BSL-2		
Bloodborne Pathogens (for current year)		
Building Emergency Action Plan (BEAP)		
Laboratory Standard		
have printed and attached final BuckeyeLearn PDF Transcript listing all		
completed courses. Note: Individual certificates are not required.		
·	TRAINEE	DATE COMPLETE
ANIMAL USE TRAINING (OPTIONAL) orrp.osu.edu/iacuc	IKAINEE	DATE CONTPLETED
have registered in the e-protocol system	1	
I have completed the Working With the IACUC (CITI) training	1	
have completed the OSU Financial Conflict of Interest Screening	1	
I have completed the Your Experience and Training Narrative		
I have completed the Facility Introduction and Rodent Overview (required for		
JLAR Facility Access)		

Page 3 of 5 Version 11 - 100923

### **Microbial Infection & Immunity**

### **Laboratory Training Checklist**

HUMAN SUBJECTS TRAINING (OPTIONAL) orrp.osu.edu/irb	TRAINEE	DATE COMPLETED
I have completed the Human Subjects Protection – HSP (CITI)		
I have completed the Good Clinical Practice – GCP (CITI, if applicable)		
I have completed the US Export Control Regulation Course (CITI, if applicable)		
LAB SPECIFIC CHEMICAL/PROCEDURAL SOPS	TRAINEE	DATE COMPLETED
I have read the lab specific SOPs listed below (on shelf across from 761)		
<del></del>		
<u> </u>		
<u></u>		
		1

Page 4 of 5 Version 11 - 100923

#### **Microbial Infection & Immunity**

### **Laboratory Training Checklist**

□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	LA	B SPECIFIC CHEMICAL/PROCEDURAL SOPS CONTINUED	TRAINEE	DATE COMPLETED
□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □				
□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □				
□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □				
□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □				
□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □				
□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □				
□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □				
□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □				
LAB SPECIFIC TRAINING  Must have something listed in this section if working in the lab  BRT 7th Floor Rotor Training (optional)  Autoclave Training (optional)  Complete the section if working in the lab  RRT 7th Floor Rotor Training (optional)  Complete the section if working in the lab  RRT 7th Floor Rotor Training (optional)  Complete the section in the lab  RRT 7th Floor Rotor Training (optional)  Complete the section in the lab  RRT 7th Floor Rotor Training (optional)  Complete the lab  RRT 7th Floor Rotor Training (optional)  RRTAINER  DATE COMPLETED  DATE COMPL				
LAB SPECIFIC TRAINING  Must have something listed in this section if working in the lab  BRT 7th Floor Rotor Training (optional)  Autoclave Training (optional)  Comparison of the lab of t				
LAB SPECIFIC TRAINING  Must have something listed in this section if working in the lab  BRT 7th Floor Rotor Training (optional)  Autoclave Training (optional)  Comparison of the lab of t				
Must have something listed in this section if working in the lab    BRT 7 <sup>th</sup> Floor Rotor Training (optional)   Autoclave Training (optional)				
□ BRT 7 <sup>th</sup> Floor Rotor Training (optional) □ Autoclave Training (optional) □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □			TRAINER	DATE COMPLETED
Autoclave Training (optional)				
PRINCIPAL INVESTIGATOR/LAB MANAGER REVIEW  I have met with this employee/student and have verified that the applicable training has been completed:  PI/Lab Manager Signature:				
PRINCIPAL INVESTIGATOR/LAB MANAGER REVIEW  I have met with this employee/student and have verified that the applicable training has been completed:  PI/Lab Manager Signature:		Autoclave Training (optional)		
PRINCIPAL INVESTIGATOR/LAB MANAGER REVIEW    Date:   Date:   Date:   My supervisor has reviewed the checked items with me. I understand this information and feel comfortable with my training, knowledge, and ability to adhere to safety practices, laws, rules, and guidelines.				
PRINCIPAL INVESTIGATOR/LAB MANAGER REVIEW  I have met with this employee/student and have verified that the applicable training has been completed:  PI/Lab Manager Signature:				
PRINCIPAL INVESTIGATOR/LAB MANAGER REVIEW  I have met with this employee/student and have verified that the applicable training has been completed:  PI/Lab Manager Signature:				
PRINCIPAL INVESTIGATOR/LAB MANAGER REVIEW  I have met with this employee/student and have verified that the applicable training has been completed:  PI/Lab Manager Signature: Date:  My supervisor has reviewed the checked items with me. I understand this information and feel comfortable with my training, knowledge, and ability to adhere to safety practices, laws, rules, and guidelines.				
□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □				
PRINCIPAL INVESTIGATOR/LAB MANAGER REVIEW  I have met with this employee/student and have verified that the applicable training has been completed:  PI/Lab Manager Signature:				
PRINCIPAL INVESTIGATOR/LAB MANAGER REVIEW  I have met with this employee/student and have verified that the applicable training has been completed:  PI/Lab Manager Signature:	븐			
PRINCIPAL INVESTIGATOR/LAB MANAGER REVIEW  I have met with this employee/student and have verified that the applicable training has been completed:  PI/Lab Manager Signature:	屵			
PRINCIPAL INVESTIGATOR/LAB MANAGER REVIEW  I have met with this employee/student and have verified that the applicable training has been completed:  PI/Lab Manager Signature:				
PRINCIPAL INVESTIGATOR/LAB MANAGER REVIEW  I have met with this employee/student and have verified that the applicable training has been completed:  PI/Lab Manager Signature:				
PRINCIPAL INVESTIGATOR/LAB MANAGER REVIEW  I have met with this employee/student and have verified that the applicable training has been completed:  PI/Lab Manager Signature:				
PRINCIPAL INVESTIGATOR/LAB MANAGER REVIEW  I have met with this employee/student and have verified that the applicable training has been completed:  PI/Lab Manager Signature:				
PRINCIPAL INVESTIGATOR/LAB MANAGER REVIEW  I have met with this employee/student and have verified that the applicable training has been completed:  PI/Lab Manager Signature:				
I have met with this employee/student and have verified that the applicable training has been completed:  PI/Lab Manager Signature: Date:  My supervisor has reviewed the checked items with me. I understand this information and feel comfortable with my training, knowledge, and ability to adhere to safety practices, laws, rules, and guidelines.	屵			
I have met with this employee/student and have verified that the applicable training has been completed:  PI/Lab Manager Signature: Date:  My supervisor has reviewed the checked items with me. I understand this information and feel comfortable with my training, knowledge, and ability to adhere to safety practices, laws, rules, and guidelines.	Ш			
I have met with this employee/student and have verified that the applicable training has been completed:  PI/Lab Manager Signature: Date:  My supervisor has reviewed the checked items with me. I understand this information and feel comfortable with my training, knowledge, and ability to adhere to safety practices, laws, rules, and guidelines.	DD	INCIDAL INVESTIGATOR/LAR MANAGER REVIEW		
PI/Lab Manager Signature: Date:  My supervisor has reviewed the checked items with me. I understand this information and feel comfortable with my training, knowledge, and ability to adhere to safety practices, laws, rules, and guidelines.	PRINCIPAL INVESTIGATOR/LAB WANAGER REVIEW			
My supervisor has reviewed the checked items with me. I understand this information and feel comfortable with my training, knowledge, and ability to adhere to safety practices, laws, rules, and guidelines.	I have met with this employee/student and have verified that the applicable training has been completed:			
my training, knowledge, and ability to adhere to safety practices, laws, rules, and guidelines.	PI/Lab Manager Signature: Date:			
Employee/Student Signature: Date:				
	Em	ployee/Student Signature:	Date:	

Page 5 of 5 Version 11 - 100923