



Exercise Lab Student/User Orientation Checklist

This is a living document. It is filled in at the beginning of employment and accessed by supervisors, lab coordinators, and administrators to ensure the safety of students and research personnel. It is the responsibility of the student/user to complete the form, with the assistance of their supervisor and/or the Lab Coordinator as necessary.

NOTE: All health and safety concerns shall be forwarded to your faculty supervisor and the Lab Coordinator

College/Department:	<input type="checkbox"/> MEDICINE <input type="checkbox"/> SCHOOL OF PT <input type="checkbox"/> Other: _____									
Name:	_____									
Email:	_____									
Mobile Phone #:	_____									
Start Date / Term:	_____									
PT Supervisor/Affiliate:	_____									
Working Under a Permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No Biosafety Permit #: _____									
Nature of Employment (check all that apply)	<table border="0"> <tr> <td><input type="checkbox"/> Summer Student</td> <td><input type="checkbox"/> Visiting Scholar</td> </tr> <tr> <td><input type="checkbox"/> Graduate Student (MSc/MPT)</td> <td><input type="checkbox"/> Visiting Student</td> </tr> <tr> <td><input type="checkbox"/> Graduate Student (PhD)</td> <td><input type="checkbox"/> Researcher</td> </tr> <tr> <td><input type="checkbox"/> Postdoctoral Fellow (PDF)</td> <td><input type="checkbox"/> Term</td> </tr> </table>		<input type="checkbox"/> Summer Student	<input type="checkbox"/> Visiting Scholar	<input type="checkbox"/> Graduate Student (MSc/MPT)	<input type="checkbox"/> Visiting Student	<input type="checkbox"/> Graduate Student (PhD)	<input type="checkbox"/> Researcher	<input type="checkbox"/> Postdoctoral Fellow (PDF)	<input type="checkbox"/> Term
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Status:	<table border="0"> <tr> <td><input type="checkbox"/> Existing Employee</td> <td><input type="checkbox"/> New Employee</td> </tr> <tr> <td><input type="checkbox"/> Has FOB</td> <td><input type="checkbox"/> FOB Required</td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td></td> </tr> </table> <p>If you require a FOB, submit a formal request for access to the General Office, School of PT</p>		<input type="checkbox"/> Existing Employee	<input type="checkbox"/> New Employee	<input type="checkbox"/> Has FOB	<input type="checkbox"/> FOB Required	<input type="checkbox"/> Other:			
<input type="checkbox"/> Existing Employee	<input type="checkbox"/> New Employee									
<input type="checkbox"/> Has FOB	<input type="checkbox"/> FOB Required									
<input type="checkbox"/> Other:										

A. Administrative Checks:

✓ N/A

- | | |
|---|-------------------------|
| <input type="checkbox"/> <input type="checkbox"/> Lab Safety Orientation completed | Initialed: _____ |
| <input type="checkbox"/> <input type="checkbox"/> Supervisor and contact information is known: | Office #: _____ |
| <input type="checkbox"/> <input type="checkbox"/> FOB Request form completed (<i>with supervisor or Administration</i>) | Phone #: _____ |



B. Student / User Health and Safety Training:

Safety Resources provides some of the following training free of charge. Register for training online:
<http://safetyresources.usask.ca/>

- Check applicable REQ boxes below for required training, or N/A when not applicable
- Completed Training Documents must be submitted to the Lab Coordinator for their initials of completion. Copies of completions will be kept on file at the School of Rehabilitation Science.

REQ	N/A		✓	Initialed:
<input type="checkbox"/>	<input type="checkbox"/>	Safety Orientation for Employees (mandatory for employees)	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Safety Orientation for Supervisors (mandatory for supervisors)	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Laboratory Safety course (mandatory for all lab personnel)	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	WHMIS training	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Biosafety course (if working under a Biohazard Permit)	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B Vaccination (if working with human biohazards) * refer to page 5 for vaccination waiver	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	First Aid, CPR, and AED training (as needed)	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	CSEP-CPT (certified personal trainer) (as needed)	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	CSEP-CEP (certified exercise physiologist) (as needed)	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	TDG (Transportation of Dangerous Goods course) (as needed)	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	_____

C. New Employee, Researcher Expectations:

- ✓ I have received a tour of my workplace and am familiar with the locations of offices, labs, washrooms, etc. ...
- I have acknowledged the availability of the University Policies <http://policies.usask.ca/>
- I am familiar with the Local Safety committee, and the policies and procedures for the labs and college
- Evacuation routes, marshalling areas, and the location of emergency equipment are understood
- Departmental fieldwork and off campus travel policies and procedures are understood and accessible at:
<http://policies.usask.ca/policies/health-safety-and-environment/fieldwork-and-associated-travel-safety.php>
- I understand that I am responsible to participate in regular self-inspections of my workspaces
- I understand that I am expected to keep my workspace clean and safe, and conduct myself in a professional manner
- I understand that my workspace will be inspected periodically and I must comply with all safety regulations
- I understand that I am responsible to resolve deficiencies (sub-standard practices/conditions) found in my workspaces
- I am aware of the University Emergency Alert system: <http://www.usask.ca/protectiveservices/>
- I understand that when I complete my employment I must ensure that all research materials are properly decommissioned, chemicals are properly disposed of, and work areas are left clean
- I have discussed creating an after-hours plan with my supervisor if I will be working outside of regular working hours



D. Laboratory Orientation Processes: N/A

- Reporting expectations explained (injuries, workplace hazards, near misses, and illness)
- Specific training with equipment has been provided (check-off when complete)
- Knows location of MSDS and able to readily access MSDS (hardcopy and/or electronically)
- Written Standard Operating Procedures (SOPs) and related training is in place, current, and ongoing
- Local Emergency Response Plans are discussed and reviewed
- Whom to report to is clearly known
- Lab booking procedures are understood
- Lab cleanup, waste disposal, and laundry expectations are reviewed

Equipment-Specific Training: N/A

- Accelerometers
- EMG (Delsys) Indwelling
- Exxentric kBox
- GAITRite
- HumacNorm
- Metabolic cart
- Ultrasound suite

Lab Coordinator/Faculty Supervisor:		
Signed:	X	_____ (mm/dd/yyyy)



Acknowledgements:

- a) I understand that it is my responsibility to follow safe work procedures (SOPs) as they are written.
- b) I agree to wear all PPE required in laboratories, including safety glasses, lab coats, closed-toe shoes and long pants, if applicable
- c) I understand it is my responsibility and the expectation of my supervisor and the college that I ask questions to clarify my understanding and get help when I am unsure of how to complete work tasks safely
- d) I know whom I am expected to ask questions, raise concerns, and bring forward suggestions for improvements
- e) I will not take unnecessary risks that endanger my own health and safety, or others' health and safety

It is assumed that names, degrees, designations, lab locations and business contact information will normally be displayed on college and faculty websites, in college and university publications, and within research proposals and reports.

If you consent to this use of your personal information, please check this box & initial: _____

** if non-consenting, discuss controls with supervisor*

Student/User:		
Signed:	X	_____ (mm/dd/yyyy)

I have reviewed the information in sections **A, B, C,** and **D** on this checklist with the new employee/researcher; I have explained their responsibility to complete all required safety training, to follow safe work procedures, and the expectation that all known workplace hazards and all work-related injuries be promptly reported. For areas and individuals that I supervise: I will proactively help to ensure safe working environments, provide appropriate job-specific training and supervision, and will provide safety training records to the Laboratory Coordinator upon request.

Faculty Supervisor/Affiliate:		
Signed:	X	_____ (mm/dd/yyyy)

Associate Dean/Director:		
Signed:	X	_____ (mm/dd/yyyy)

Copies: Supervisor's Files Lab Coordinator's Files Employee (upon request)



Scope:

Immunization may be required or recommended for individuals depending on the type, area, and hazards associated with their particular work. Immunizations are available for agents; for example, Rabies, Hepatitis A and B, and Tetanus. Principle investigators are responsible for providing information regarding the risk versus benefits of any immunization that is available for their staff or students, retaining documentation of all discussion and copies of all hand-outs. The subjects must be encouraged to address any concerns with their personal physician prior to completion of the Waiver Form. Please fill out the following form to verify that information was provided regarding the vaccine and whether or not it was administered.

Vaccination Waiver Form:

I, _____, College of Kinesiology, hereby declare that I have been informed of the potential risk/hazards of _____ exposure, in printed form and with an opportunity to have my questions answered, and that

I DO WISH

I DO NOT WISH

to take part in any vaccination program associated with it. I hereby acknowledge that I have been advised to consult with my personal physician and I agree that I will not hold the University of Saskatchewan, its faculty, staff or agents responsible for any liability, loss, charge, damage or expense caused or incurred as a result of my taking part, or not taking part, in any vaccination program.

(Signature) _____

(Date) _____

(Witness) _____

(Date) _____

NOTE: If participating in a vaccination program please abide by the procedures as set out by each one. Ensure that there is some type of efficacy testing (based upon pre and post serum samples) done to determine the extent of your protection.