Record of Training

Employee Information:
(please print)

Name:__________________________

Date:___________________________

☐ Initial Training
☐ Annual Refresher Training

I have completed the following:

☐ online UGA Right to Know Training
☐ online Chemical-Specific Training for Laboratory Personnel
☐ online presentation of Module 0 Radiation Safety Training
☐ Tarleton-lab specific Lab Safety Procedures presentation

I understand that laboratory work with infectious agents such as *Trypanosoma cruzi*, Sindbis virus, and Vaccina virus potentially exposes me to risk of infection with human pathogens.

I agree to follow these safety procedures for my own safety and for the safety of others in the lab. I understand that failure to abide by these safety rules are grounds for immediate dismissal from the lab.

I agree to bring to the attention of the P.I. and/or Research Coordinator any unsafe lab practices that I observe in the Tarleton Lab and to recommend changes to current practices that will make the lab a safer place to work.

__________________________  _________________________
Signature                                  Date