

TRAINING TOPIC

DATE _____

09/10/14

TIME

8:30 AM – 11:00 AM

INSTRUCTORS

JOYCE MOORE AND PAUL PORTER

PRINT NAME (Legibly)	FUNCTIONAL JOB TITLE (i.e., Lab Manager, PI, Dean, Chair, Building Supervisor or specify)	ARE YOU RESPONSIBLE FOR OTHERS IN LABS?		ARE YOU A CHO?		BUILDING (where you handle hazardous materials) (Ex: HSC North, HSC South, BRNI, BioMed, HSC Addition)	LAB/ROOM NUMBER
		Yes	No	Yes	No		
1. Hughes, Michael	Safety		✓		✓	HSC North	
2. Voronkova, Maria	Grad student		✓		✓	HSC North, Annex	202
3. Zaslau, Stanley							
4.							
5.							
6.							
7.							
8.							
9.							
10.							