VISITOR SAFETY TRAINING CHECKLIST: Free Electron Laser (FEL) Laboratory

Under California law and campus policy, the University must provide documented safety training for workers. For FEL visitors, this generally means covering the basic guidelines/tasks below. The FEL management loosely defines a “visitor” as someone working on-site for less than one week and generally under direct supervision. However, ultimately it is the responsibility of the worker’s supervisor, or their UCSB “host” to see that individuals have the information they need to work safely and legally. For more information contact the FEL Department Safety Rep (currently Dave Enyeart), or contact EH&S at x-4899.

Visitor Name _____________________ Job Title___________________ Affiliation______________________

Supervisor Name __________________ Job Title___________________

A. General training
All visitors who will do laboratory work are expected to view the following online safety video and its associated handouts and quiz from UCSB Environmental Health & Safety:

http://www.lifesci.ucsb.edu/support/safety/lab_safety/ (then click on “Postdoc Lab Training”)

General issues covered in the video: Employee rights and responsibilities; Cal-OSHA Standards: Lab Safety Standard and Injury & Illness Prevention Program; Material Safety Data Sheets; Fume Hoods; Personal Protective Equipment; Fire Safety and Extinguishers; Chemical Waste Disposal; Sharps Disposal; Emergency Response (non-building specific, except for Emergency Assembly Point list)

___ Video Viewed and Quiz Submitted Electronically to EH&S

B. Training Specific to the Accelerator Vault/FEL

___ Read and sign Liability Waiver
___ Location of local equipment (fire extinguishers, emergency eyewash/shower, first-aid kit, other)
___ No one is allowed inside vault during operation.
___ Warning lights indicate you must exit vault immediately.
___ Horn indicates you must leave vault immediately.
___ Do not enter vault if radiation is present.
___ Do not attempt to defeat interlocks.

Other:

I understand this training and agree to comply with safe work practices.

Supervisor or Host signature______________________________________   Date__________________

Visitor’s Signature_________________________________________            Date__________________