I have received CHEMICAL HYGIENE TRAINING as described in the Histology Safety Manual, meeting OSHA requirements.

Date of Initial Training: ____________________________

Employee Signature: _______________________________

Instructor: __________________________________________

UPDATES AND RETRAINING
DATE: __________________ PRESENTER: __________________ EMPLOYEE SIGNATURE: __________________
Instructions: In a large scale examination the test may be simplified to an examination of six plates.

1. Testing should be done in a well lit room, electric light should be adjusted to resemble natural light.
2. The plates are held 3 ft. from the subject and tilted so the plane of the paper is at right angle to the line of vision.
3. Each answer should be given without more than three seconds delay.
4. A normal recording of all plates is proof of normal color vision. Any discrepancies must be documented and then tested by the Ophthalmology Department.

Name: ________________________________

Date: ________________________________

Tested by: ________________________________

Score: 1. ___
       2. ___
       3. ___
       4. ___
       5. ___
       6. ___

Notes:
HISTOLOGY LABORATORY

ELECTRICAL SAFETY TRAINING RECORD

I have received ELECTRICAL SAFETY TRAINING as described in the Histology Safety Manual.

Date of Initial Training: ________________________________

Employee Signature: ________________________________

Instructor: ________________________________

UPDATES AND RETRAINING

DATE: ___________________________________________ PRESENTER: ________________________________ EMPLOYEE SIGNATURE: ________________________________

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Date: ___________ Time: _______

Quarter:  1. January-March
         (Circle one)  2. April-June
               3. July-September
               4. October-December

Note: one drill per quarter.

Staff Participating

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Action Taken / Simulated:

1. Cabinets closed  Yes  No
2. Fume hood sashes drawn  Yes  No
3. Microtome blades put away  Yes  No
4. Fire "Pull Stations" activated  Yes  No
5. Doors closed  Yes  No
6. Adjacent areas notified  Yes  No
7. Fire fought/controlled  Yes  No
8. Evacuation of immediate area  Yes  No
I have received FIRE SAFETY TRAINING as described in the Histology Safety Manual.

Date of Initial Training: ________________________________

Employee Signature: ________________________________

Instructor: ________________________________

UPDATES AND RETRAINING
DATE: ____________________ PRESENTER: ____________________ EMPLOYEE SIGNATURE: ____________________
HISTOLOGY LABORATORY

BLOODBORNE PATHOGEN TRAINING RECORD

I have received BLOODBORNE PATHOGEN TRAINING as described in the Histology Safety Manual, meeting OSHA requirements.

Date of Initial Training: ________________________________

Employee Signature: ________________________________

Instructor: ________________________________

UPDATES AND RETRAINING

DATE: __________________ PRESENTER: __________________

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