

# SAFETY TRAINING CHECKLIST

DATE		EMPLOYEE	
SUPERVISOR		SERVICE	

Safety Training is required for **ALL** VMTH employees. (Faculty, staff, residents, and paid students)  
**Supervisors**: Please check off sections to be completed by employees. Within each section, check off required courses for your service area.

General safety training is **REQUIRED** for **ALL** VMTH employees (administrative, clinical, laboratory)

Safety Training	Required (Check)	Frequency	Resource	Initial/Date
VMTH Injury & Illness Prevention Plan (IIPP) and Emergency Action Plan (EAP)	✓	Annual	<a href="#">LMS</a>	
Employer's First Report (EFR) for Injuries	✓	Annual	<a href="#">SVM SAFETY</a>	
Job Safety Analysis (JSA)	✓	Initial/As needed	Supervisor	
VMTH Back Safety Training	✓	Annual	<a href="#">LMS</a>	
VMTH Fire Extinguisher Training	✓	Annual	<a href="#">LMS</a>	
VMTH SOP Reporting Fatalities Serious Injury/Illness CalOSHA	✓	Annual	<a href="#">SVM SAFETY</a>	

Additional safety training **REQUIRED** for all **VMTH** employees working in non-administrative positions.

Safety Training	Required (Check)	Frequency	Resource	Initial/Date
VMTH Food Policy & Designated Areas for Food Consumption	✓	Initial	<a href="#">VIPER</a>	
Oxygen Use - Emergency Turn Off Valves	✓	Initial	Supervisor	
Zoonotic Diseases	✓	Initial	Supervisor	
VMTH Biowaste Course	✓	Annual	<a href="#">LMS</a>	
Disinfectant Use Training - SOP/SDS/PPE	✓	Annual	Supervisor	
Emergency Eyewash/Shower Station - SafetyNet #66	✓	Annual	<a href="#">Safety Services</a>	
Heat Illness Prevention Training	✓	Annual	<a href="#">LMS</a>	
Safety Data Sheet (SDS) - Location/Content	✓	Annual	<a href="#">LMS</a>	
VMTH Sharps Safety	✓	Annual	Supervisor	
Biological and Biohazardous Spill Response - SafetyNet #127	✓	Annual	<a href="#">Safety Services</a>	
Spill Kit Locations (Biological and/or chemical)	✓	Annual	Supervisor	
VMTH Chemical Safety and Spill Control Training - including SafetyNet #13	✓	Annual	<a href="#">LMS</a>	
VMTH General Safety	✓	Every 3 years	<a href="#">LMS</a>	
Hazard Communications Training	✓	Every 3 years	<a href="#">LMS</a>	
Hazard Communications Training - Addendum	✓	Every 3 years	<a href="#">LMS</a>	

Additional safety training **REQUIRED** for all **SMALL ANIMAL CLINIC** employees.

Safety Training	Required (Check)	Frequency	Resource	Initial/ Date
Loose Animal Protocol for SAC		Initial	Supervisor	
Bite/Scratch Report for SAC		Annual	Supervisor	
Cytotoxic/Chemotherapy Drugs Training		Annual	Supervisor	
Infectious Disease Protocol/Poster (IDC) - SAC		Annual	Supervisor	
VMTH Anatomic Pathology SA Carcass Delivery		Every other year	<a href="#">LMS</a>	

Additional safety training **REQUIRED** for all **LARGE ANIMAL CLINIC** employees.

Safety Training	Required (Check)	Frequency	Resource	Initial/ Date
Dead Cart		Initial	Supervisor	
LA Tail Forelock Saving for Owner - SOP		Initial	Supervisor	
Loose Animal Protocol for LAC		Initial	Supervisor	
Overhead hoist		Initial	Supervisor	
Physical Restraint Techniques		Initial	Supervisor	
Sling/Large Animal Lift		Initial	Supervisor	
Trailer Loading		Initial	Supervisor	
Bite/Scratch Report for LAC		Annual	Supervisor	
Cytotoxic /Chemotherapy Drugs Training		Annual	Supervisor	
Infectious Disease Protocol/Poster (IDC) - LAC		Annual	Supervisor	
Large Animal Safety Training		Annual	LAC	
VMTH Anatomic Pathology LA Carcass Delivery		Every other year	<a href="#">LMS</a>	

Additional safety training **REQUIRED** for all **LABORATORY** employees.

Safety Training	Required (Check)	Frequency	Resource	Initial/ Date
Laboratory Hazard Assessment Tool (LHAT)		Annual/As needed	Supervisor	
Laboratory Safety Manual		Annual	<a href="#">Safety Services</a>	
UC Lab Safety Fundamentals Training		Every 3 years	<a href="#">LMS</a>	

Additional service area specific safety training, SOPs, and VMTH policies & procedures.  
**Supervisors** : Please check or add additional training required in your service area.

Safety Training	Required (Check)	Frequency	Resource	Initial/ Date
Anesthetic Gas		Initial	Supervisor	
Animal Training Record (IACUC)		Initial	Supervisor	



# SAFETY TRAINING CHECKLIST

VMTH Safety Documents

Documents, Manuals, Policy and Procedures	Required (Check)	Frequency	Resource	Initial/Date
VMTH Injury and Illness Prevention Plan(IIPP)			<a href="#">SVM SAFETY</a>	
VMTH Emergency Action Plan (EAP)			<a href="#">SVM SAFETY</a>	
VMTH Hazard Communications Plan			<a href="#">SVM SAFETY</a>	
VMTH Medical Waste Management Plan (MWMP)			<a href="#">SVM SAFETY</a>	
VMTH SAC Infectious Disease Protocol (IDC)			<a href="#">SVM SAFETY</a>	
VMTH LAC Infectious Disease Protocol (IDC)			<a href="#">SVM SAFETY</a>	
Heat Illness Prevention Manual (Safety Services)			<a href="#">SVM SAFETY</a>	
UC Davis Emergency Contacts Poster			<a href="#">SVM SAFETY</a>	

*I have reviewed and understand the safety requirements (as indicated by my initials) and believe my knowledge and skills are adequate to perform my job responsibilities safely.  
 I understand that I am covered for work-related injuries or illnesses by Workers Compensation. I will report any injury to my supervisor immediately as soon as the incident occurs.  
 I acknowledge that I have had the opportunity to discuss the health and safety aspects of my job with my supervisor and that I agree to abide by guidelines set forth by the University and the VMTH.*

**Employee Name (Printed):** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**ANNUAL** \_\_\_\_\_  
**REVIEW:** \_\_\_\_\_  
 (Date & Initial) \_\_\_\_\_