

**The University of Memphis**  
**Departmental Training Record**  
**Biological Safety**

**The undersigned employee was informed of the following:**

- ~ The requirements for informing and training employees as found in the Biological Safety Manual;
- Operations in their work area where biological hazards are present; and
- The location and availability of the Biological Safety Manual and other biological safety reference information.

**The undersigned employee was trained in the following areas:**

- The health hazards associated with biological agents in the work area;
- The measures employees can take to protect themselves from these hazards, including specific procedures implemented to protect employees from exposure, such as appropriate work practices, emergency procedures, and personal protective equipment to be used; and
- The signs and symptoms associated with exposure to biological agents in the laboratory.

**Reason for training:**

- Initial Training
- New Exposure Situation
- Periodic Re-training

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name - Print

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Trainer/Laboratory Supervisor Signature