

### Appendix 1

#### Safety and RCRS Compliance Report Form

_____	_____	_____	Y	N
Researcher Name	Researcher SOLAR ID#	Room number(s)	Building access	

1. Indicate when you have completed or scheduled your RCRS In Person Training.  
See Sections 3 and 4 of the Department’s RCRS policy statement for requirements and options.
  - Method of fulfillment: \_\_\_\_\_
  - Date completed or to be completed: \_\_\_\_\_
2. The following courses are required of every researcher in the Chemistry Department.
  - Hazardous Waste Management training - ENV001 (1x)
  - Laboratory Safety - Chemical Hazards, ELS 002 (1x)
  - Fire Safety EFS 001 – Offered during August orientation, early fall, early spring, and early summer. Should be completed as soon as possible. Indicate date to be completed: \_\_\_\_\_ Supervisor initials: \_\_\_\_\_
  - CITI Programming – Conflict of Interest module (every 4 years) and Physical Sciences, Engineering and/or Biomedical modules (1x). <http://research.stonybrook.edu/citi-training>
3. The following course is required of all graduate students and biological researchers
  - Laboratory Safety - Biohazards course, ELS 003 (1x)
4. Discuss with your laboratory supervisor which of the following training courses listed below are required for working in the laboratory and complete them.
  - Nitric Acid Safety and Security - ELS 024 annually
  - Regulated Medical Waste – ENV 005 (1x)
  - Laser Safety Training – ERS 003 (1x)
  - Blood Borne Pathogens – E0S 004 (annually)
  - Biological Hazards Annual Refresher – ELS 020 (annually)
5. Date laboratory specific training completed. \_\_\_\_\_
6. In addition, discuss with your laboratory supervisor which of the following training courses listed below are required for your research and make a plan for obtaining the training.
  - Fire Extinguisher Training EFS 003
  - Human Subjects Training
  - Stem Cell Research Training
  - Radioactivity Training
  - Animal Subjects Training

I have reviewed required training courses with my supervisee, approve the above training plan, and certify that training items #2-#5 are complete.

_____	_____	_____
Supervisor – Print Name	Supervisor – Signature	Date