Appendix 1

Safety and RCRS Compliance Report Form

<table>
<thead>
<tr>
<th>Researcher Name</th>
<th>Researcher SOLAR ID#</th>
<th>Room number(s)</th>
<th>Building access</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
</table>

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 – EOS 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