

Name: _____
 Laboratory: _____
 Work Phone: _____
 Home or Cell Phone: _____
 ASU ID: _____

Training	REQ*	Date of initial training	Date of update	Date of update	Date of update
Security	X				
Lab Safety					
Chemical Safety					
Gas cylinders; liquid N2					
Autoclave/dishwasher					
1 st Floor env. chambers					
Greenhouse					
Radiological					
Animal use (IACUC)					
Human subjects (IRB)					
rDNA (IBC)					
Transgenic plants					
Lab specific (list)					

* Required training is designate by the head of the laboratory. Supervisors -- please check all training that is required and initial in the yellow box.

Signed copy is to be submitted to ABI office (Hope Phillips) and updated as appropriate. Supervisor should also retain a copy.

Employee/student signature	Date	Supervisor signature