

# WHMIS/FIRE SAFETY FORM

\* PLEASE NOTE THAT YOU ARE REQUIRED TO COMPLETE WHMIS & FIRE SAFETY TRAINING IF YOU ARE WORKING ON CAMPUS OR IN A MCMASTER AFFILIATED HOSPITAL.

\*THIS FORM MUST BE COMPLETED AND RETURNED BY THE STUDENT TO THE BHSC OFFICE (MDCL/3308) BEFORE WORK ON THE PROJECT BEGINS \*NOTE: SCIENCE 1A00 IS NOT ACCEPTABLE FOR PROJECT COURSES

## LAB TECHNICAL WHMIS TRAINING MUST BE RENEWED ON A YEARLY BASIS

(3 Hour Training Session)

DATE COMPLETED: \_\_\_\_\_ LOCATION: \_\_\_\_\_

Hospital: [http://fhs.mcmaster.ca/safetyoffice/lab\\_whmis\\_schedule.html](http://fhs.mcmaster.ca/safetyoffice/lab_whmis_schedule.html)

Campus: <http://www.workingatmcmaster.ca/register/register.php?event=EOHSS%20WHMIS%20Core>

## CLERICAL WHMIS

TRAINING IS GOOD INDEFINITELY, UNLESS CHANGES ARE MADE TO THE TRAINING PROGRAM

(2 ½ Hour Training Session)

DATE COMPLETED: \_\_\_\_\_ LOCATION: \_\_\_\_\_

Hospital: [http://fhs.mcmaster.ca/safetyoffice/office\\_whmis\\_schedule.html](http://fhs.mcmaster.ca/safetyoffice/office_whmis_schedule.html)

Campus: <http://www.workingatmcmaster.ca/register/register.php?event=EOHSS%20Office%20WHMIS>

## OTHER REQUIRED TRAINING (Lab specific)

MUST BE RENEWED ON A YEARLY BASIS

Other training (e.g. Chemical, Cylinder – add additional lines as required)

1. Type: \_\_\_\_\_ Date completed: \_\_\_\_\_ Location: \_\_\_\_\_

2. Type: \_\_\_\_\_ Date completed: \_\_\_\_\_ Location: \_\_\_\_\_

\*supervisor will arrange

## FIRE SAFETY TRAINING

RENEWED EVERY YEAR BY WAY OF A FIRE SAFETY QUIZ

(1 ½ Hour Training Session)

DATE COMPLETED: \_\_\_\_\_ LOCATION: \_\_\_\_\_

Hospital: [http://fhs.mcmaster.ca/safetyoffice/fire\\_safety\\_training.html](http://fhs.mcmaster.ca/safetyoffice/fire_safety_training.html)

Campus: <http://www.workingatmcmaster.ca/register/register.php?event=EOHSS%20Fire%20Safety>

**WHMIS/FIRE SAFETY TRAINING IS NOT REQUIRED – STUDENT IS COMPLETING A LIBRARY PROJECT.**

### Notice of Collection

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**BY SIGNATURE BELOW WE CONFIRM THAT ALL REQUIRED SAFETY TRAINING HAS BEEN COMPLETED.**

Student Name (Please Print):	Student Signature:
Student Number:	Course Number:
Supervisor Name (Please Print):	Supervisor Signature:
Date:	