

HOPKINS MARINE STATION OFFICE TRAINING

Form 8/07/1998 Complete form and file with the Safety Binder in your Office or with Chris x216

NAME _____ DATE _____	
ROOM(S) & BUILDING _____	
LAYOUT (check off as discussed) <input type="checkbox"/> Evacuation Plan _____ _____ _____ <input type="checkbox"/> Location of safety information <input type="checkbox"/> Location of fire extinguisher	HAZARDS (check off as discussed) <input type="checkbox"/> Electical <input type="checkbox"/> Sharps <input type="checkbox"/> Heat Sources <input type="checkbox"/> Chemicals <input type="checkbox"/> other _____ <input type="checkbox"/> other _____
DANGEROUS CHEMICALS (check off as discussed) <input type="checkbox"/> Location(s) - where are they <input type="checkbox"/> Precautions - personal protection needed <input type="checkbox"/> Waste - where and how is it taken care of <input type="checkbox"/> Spills - steps to take care of	
DISCUSSION: _____ _____ _____ _____ _____ _____	
Signature of Emergency Coordinator _____	Signature of Student _____