Laboratory-Specific Visitor Training Checklist

The UCLA Host should use the checklist below as a tool for providing laboratory-specific training to all Visitors who will be working with or observing procedures involving biohazardous materials. This must be completed upon the Visitor's arrival at UCLA.

1. **Hazard Communication**
   - Visitor was informed of the hazards associated with the biological materials that may be handled.

2. **Occupational Health**
   - Visitor was informed of the conditions that result in increased susceptibility to infection if exposed.
   - Visitor was informed of the vaccinations available for the biological materials that may be handled.

3. **Laboratory Attire and Personal Protective Equipment**
   - Visitor was informed of UCLA's [Policy 905: Research Laboratory Personal Safety and Protective Equipment](#).
   - Visitor was informed of the personal protective equipment (PPE) required (as outlined in the BUA and SOPs) for the procedures that will be performed involving biological materials.

4. **Emergency Procedures**
   - Visitor was informed of UCLA’s Emergency Contact Information and Procedures:
     - PI/Laboratory Manager Emergency Contact Information
     - Ronald Reagan Emergency Hospital
       - 757 Westwood Plaza, Los Angeles, CA 90095 (Charles E. Young Drive and Gayley Ave)
       - Hospital Info: 310-825-9111
       - Emergency Department: 310-825-2111
     - UCLA Police Department (UCPD)
       - Land-line: 911
       - Cell phone: 310-825-1491
   - Visitor was informed of the location of the closest eyewash station and safety shower and has been instructed on how to operate this equipment.
   - Visitor was informed of the location of the closest emergency exit and was instructed on the evacuation route for the laboratory.

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Visitor Name: ___________________________  Visitor Signature: ___________________________  Date: ___________________________

UCLA Host Name: ___________________________  UCLA Host Signature: ___________________________  Date: ___________________________