

**LAWSON COMPLIANCE WAIVER**

**Registration for Western paid employees, graduate students, undergraduate students or work study students conducting clinical research at Lawson**

**All individuals involved in research at Lawson who are not hospital-paid employees must be registered with Lawson (LHSC). We have established a registration process to ensure that Lawson is aware that these individuals are on site and that they have completed all of the required training. Our goal is to provide everyone with the knowledge to make them aware of how to work safely in research.**

**Return the complete document to** [**hien.nguyen@lawsonresearch.com**](mailto:hien.nguyen@lawsonresearch.com)

***Personnel Information***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Badge ID# (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MY SIGNATURE ON THIS COMPLIANCE WAIVER INDICATES:**

***I have completed all the modules listed under the Hospital Mandated Training section which includes (please tick boxes):***

\*Please note that (a) If you have completed any of the following training through Western then please send me the certificates – you do not have to redo them, and (b) Do not complete the quizes as they are not accessible.\*

* AODA - Excelling at Accessible Customer Service
* AODA – Integrated Accessbility Standards and Human Rights
* Critical Injury Overview
* Critical Injury Reporting
* Cytotoxic Safety
* Emergency Codes
* Fall Prevention
* Fire Response and Evacuation
* Hand Hygiene
* Influenza
* Musculoskeletal Disorder Prevention Program
* Ontario’s Occupational Health and Safety Act
* Routine Practices
* Safe Handling of Hazardous Drugs
* Sharps Awareness
* Workplace Hazardous Materials Information System (WHMIS) (Volunteers only - Western Affliates will complete through OWL)
* Workplace Violence Prevention

***I have completed all mandatory training under Clinical Research which includes (please tick boxes):***

* Chain of Transmission
* Panic Alarms
* Standard Operating Procedures for Clinical Research (SOPs)

Please send me the certificate

* TCPS2 (Tri-Council Policy Statement 2) - Please create your own account and login, and your affiliation should be with Lawson Health Research Institute

Please send me the certificate

***I have read, understood, and agree to follow the listed documents (please tick boxes):***

* Young Workers Fact Sheet (if 25 years of age or under)
* Young workers Safety Tips (if 25 years of age or under)
* N95 Guideline – respirator fit testing for animal use, lenti virus use and/or patient contact

***I have submitted the following to*** [**hien.nguyen@lawsonresearch.com**](mailto:hien.nguyen@lawsonresearch.com) ***(please tick boxes):***

* The certificate for Standard Operating Procedures for Clinical Research
* The certificate for TCPS2 (Tri-Council Policy Statement 2)
* Western Certificates (if any)

**SIGN-OFF (PLEASE TICK BOX):**

* I have read, understood all required documents and completed all training that is required of me as outlined in this training package

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Personnel Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date**