

**LAWSON COMPLIANCE WAIVER**

**Registration for Western paid employees, graduate students, undergraduate students or work study students conducting both Basic & 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 Accessibility Standards and Human Rights
* Critical Injury Overview
* Critical Injury Reporting
* Cytotoxic Safety
* Emergency Codes
* Fall Prevention
* Fire Response and Evacuation
* Hand Hygiene
* Influenza
* Musculoskeletal Disorders
* Ontario’s Occupational Health and Safety Act (Volunteers only - Western Affliates will complete through OWL)
* Routine Practices
* Safe Handling of Hazardous Drugs
* Sharps Awareness
* Workplace Violence Prevention
* Workplace Hazardous Materials Information System (WHMIS) (Volunteers only - Western Affliates will complete through OWL)

***I have completed all training under the Basic Research section which includes (please tick boxes):***

* Lawson Chemical Management Safety Quiz (complete after studying the Chemical Safety Presentation)
* Staying Safe: Biosafety for Volunteers and Non-Western affliates

Please send me a screenshot of the completion screen for the Biosafety Module

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

* Behaviour Safety Alert
* 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 the following under the Documents section (please tick boxes):***

* The Lawson Biosafety Manual
* N95 Guideline – respirator fit testing for animal use, lenti virus use and/or patient contact
* The PPE requirements
* The Canadian Biosafety Standard (CBS) Second Edition
* The Young Workers Fact Sheet (if 25 years of age or under)
* The Young Workers Safety Tips (if 25 years of age or under)

***If required, I have completed all necessary training listed below through Western (please tick boxes):***

* Supervisor or Worker Health and Safety Awareness (OWL – one time only - Western Students/Staff)
* WHMIS \*New\* (OWL- renewable every 3 years)

<https://owl.uwo.ca/portal/site/583b7373-cc43-4204-91ac-b60b2229e012>

* Safe Campus Community-Preventing Harassment, Violence, and Domestic Violence at Western (OWL – one time only)
* Accessibility in Service or in Teaching (OWL – one time only)
* Laboratory Safety – Hazardous Waste (one time only – 1hr online) <http://www.uwo.ca/hr/learning/required/index.html>
* Biosafety (1hr online).

<http://www.uwo.ca/hr/learning/required/index.html>

\*Please email your Western certificates to Hien Nguyen: [**hien.nguyen@lawsonresearch.com**](mailto:hien.nguyen@lawsonresearch.com)

***I have sent the following items to*** [***hien.nguyen@lawsonresearch.com***](mailto:hien.nguyen@lawsonresearch.com)***:***

* The signed PPE Requirements’ document
* The completed Chemical Handling training quiz
* The captured screenshot of the Biosafety module (if you did not complete through Western)
* Western Certificates (if any)
* The certificate for Standard Operating Procedures for Clinical Research
* The certificate for TCPS2 (Tri-Council Policy Statement 2)

***Additional Training as required:***

1. Radiation Safety Nuclear (renewable every 3 yrs – 6hrs, in class through Western)
2. X-ray Safety – (2hrs, Online)
3. Laser Safety – Mandatory for all class 3b or class 4 laser users (2hrs, online – renewable every 3yrs)
4. Laser Safety Awareness (Online for anyone using confocal microscopes or any other equipment with lasers inside the equipment unit). <http://uwo.ca/hr/safety/topics/laser/awareness1.html>
5. Transportation of Dangerous Goods (renewable every 2yrs)
6. Animal training
7. Clinical SOPs
8. Any additional training specific to the laboratory as required by the immediate supervisor
9. Compressed Gas

**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**