

# LAWSON COMPLIANCE WAIVER

Registration for Western paid employees, graduate students, undergraduate students or work study students at Lawson LHSC campuses.

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 [lawsonhealthandsafety@lawsonresearch.com](mailto:lawsonhealthandsafety@lawsonresearch.com)

## Personnel Information

Name: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Email: \_\_\_\_\_  
Position: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_  
Emergency Contact Number: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Badge ID# (if applicable): \_\_\_\_\_

## **SECTION A: Complete training under the Hospital Mandated Training section:**

\*Please note that (a) we accept Western certificates for any training that overlaps with hospital training below – you do not have to redo them, and (b) do not complete the quizzes where they are not accessible.\*

- AODA - Excelling at Accessible Customer Service
- AODA - Integrated Accessibility Standards and Human Rights
- Chain of Transmission
- Critical Injuries
- Cytotoxic Safety
- Emergency Codes
- Fall Prevention

- Fire Response and Evacuation
- Hand Hygiene
- Influenza
- Musculoskeletal Disorders
- Ontario's Occupational Health and Safety Act
- Routine Practices
- Safe Handling of Hazardous Drugs
- Sharps Awareness
- Workplace Violence Prevention
- Workplace Hazardous Materials Information System (WHMIS)

**SECTION B: Read, understand, and agree to the following under the Documents section:**

- The Harrassment & Discrimination Policy
- The PPE requirements
- The Young Workers Fact Sheet (if 25 years of age or under)
- The Young Workers Safety Tips (if 25 years of age or under)
- Guidelines for Safe Social Networking, Blogging & Online Activity
- Radiation Awareness

**SECTION C: Complete training below through Western if you're a Western affiliate (Western student, Western employee, etc.):**

- Supervisor or Worker Health and Safety Awareness
- [WHMIS \\*New\\*](#) (OWL- renewable every 3 years)
- 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)

**\*Please email your Western certificates to: [lawsonhealthandsafety@lawsonresearch.com](mailto:lawsonhealthandsafety@lawsonresearch.com)**

**SECTION D: Complete the additional training below if required by your supervisor/if training pertains to your role:**

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)
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

**SECTION E: Send the following items to [lawsonhealthandsafety@lawsonresearch.com](mailto:lawsonhealthandsafety@lawsonresearch.com):**

- The signed PPE Requirements' document
- Western Certificates (if any)

**SECTION F: Signage for the Lawson Compliance Waiver:**

My signature on this compliance waiver indicates that I have:

- Completed the training requirements indicated in **Section A**,
- Read, understood, and agree to the documents in **Section B**,
- Completed additional training in **Section C** (if you're a Western affiliate)
- Completed additional training in **Section D**  
(if required by my supervisor/if training pertains to your role)
- Submitted the items in **Section E**

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**Signature** (*please sign, do not type your name in*)

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**Date**