

**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**

***Personnel Information***

 **Name**: Click here to enter text.

 **Cell**: Click here to enter text.

**Email**: Click here to enter text.

**Position**: Click here to enter text.

 **Emergency** **Contact** **Name**: Click here to enter text.

 **Emergency** **Contact** **Number**: Click here to enter text.

 **Supervisor** **Name**: Click here to enter text.

 **Badge** **ID# (if** **applicable**): Click here to enter text.

PART A:**Hospital Mandated Training:**

\*You can send us Western certificates for repeated modules instead of doing the hospital versions in the weblink provided.

\*There are inaccessible quizzes for some modules. You are required to complete the modules but disregard the quizzes at the very end.

[ ]  AODA - Excelling at Accessible Customer Service

[ ]  Chain of Transmission

[ ]  COVID-19 Compliance with Infection Prevention & Control Practices V1

[ ]  Critical Injuries

[ ]  Cytotoxic Safety

[ ]  [Donning and Doffing of Surgical Masks](https://www.youtube.com/watch?v=XqcouGltYxc&feature=youtu.be) (watch the video)

[ ]  Emergency Codes

[ ]  Fall Prevention

[ ]  Fire Response and Evacuation

[ ]  Hand Hygiene

[ ]  Influenza

[ ]  Musculoskeletal Disorders

[ ]  Ontario’s Occupational Health and Safety Act

[ ]  Our Vision, Mission and Values

[ ]  Routine Practices

[ ]  Safe Handling of Hazardous Drugs

[ ]  Sharps Awareness

[ ]  Workplace Violence Prevention

[ ]  Workplace Hazardous Materials Information System (WHMIS)

PART B:**Documents to Review*:***

[ ]  The PPE requirements

[ ]  Radiation Awareness

*For Young Workers (25 years of age or under):*

[ ]  Ministry of Labour New & Young Workers PDF

[ ]  Young Workers on the Job PDF

PART C:**Western/**[**OWL**](https://owl.uwo.ca/portal/site/583b7373-cc43-4204-91ac-b60b2229e012) **Training – complete if employed by Western:**

***Please view this*** [***weblink***](https://www.uwo.ca/hr/learning/required/index.html) ***for more info***

[ ]  Supervisor or Worker Health and Safety Awareness (60 min – one time training)

[ ]  WHMIS \*New\* (90 min – once every 3 yrs)

[ ]  Safe Campus Community (30 min – one time only training)

[ ]  Accessibility in Service or in Teaching (60 min - one time only training)

PART D:**Additional training – complete if required by your supervisor:**

***Please view this*** [***weblink***](https://www.uwo.ca/hr/learning/required/index.html) ***for more info***

1. Radiation Safety Nuclear (6 hrs – once every 3 yrs)
2. X-ray Safety (2 hrs – once every 3 yrs)
3. Laser Safety for class 3b or class 4 users (2hrs – once every 3yrs)
4. [Laser Safety Awareness](https://www.uwo.ca/hr/safety/topics/laser/awareness1.html) for anyone using confocal microscopes or any other equipment with lasers inside the equipment unit (15 min – once time training, prior to entering laser facilities)
5. Transportation of Dangerous Goods (4 hrs – once every 2yrs)
6. Animal training
7. Clinical SOPs
8. Compressed Gas
9. Any additional training specific to the laboratory/pertaining to your role as required by your supervisor

PART E:**Items to submit:**

[ ]  Western Certificates (if any)

PART F:**TrainingDeclaration:**

The submission of this compliance waiver indicates that you:

[ ]  Completed the training in **Part A**

[ ]  Read, understood, and agree to the documents in **Part B**

[ ]  Completed Western training in **Part C** (if applicable)

[ ]  Completed/will complete additional training in **Part D** (if applicable)

[ ]  Submitted the items in **Part E**

**Enter your name:** Click here to enter text.**Enter the training completion date:** Click here to enter a date.