

**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**: 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:**

\*Send us Western certificates for any overlapping training *(if you completed the Western training in PART E for the following modules then you do not have to repeat the training in PART A: Supervisor/Worker Health and Safety Awareness, WHMIS, Accessibility in Service/Teaching, and/or Biosafety)*

AODA - Excelling at Accessible Customer Service *– skip the quiz at the end*

Additional Precautions

COVID-19 Compliance with Infection Prevention & Control Practices V1

Critical Injuries *– skip the quiz at the end*

[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 *– skip the quiz at the end*

Hand Hygiene *– skip the quiz at the end*

Influenza *– skip the quiz at the end*

MRI Safety Awareness

Musculoskeletal Disorders *– skip the quiz at the end*

Ontario’s Occupational Health and Safety Act *– skip the quiz at the end*

Our Vision, Mission and Values

Routine Practices *– skip the quiz at the end*

Safe Handling of Cytotoxic Spills

Safe Handling of Hazardous Drugs

Sharps

Workplace Violence Prevention

Workplace Hazardous Materials Information System (WHMIS) *– skip the quiz at the end*

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:**

The completed Lawson Compliance Waiver

Western Certificates (if any)

PART F:**TrainingDeclaration:**

The submission of this compliance waiver indicates that you have completed the necessary training from PART A to PART D that is applicable to you.

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