



GENERAL PERSONNEL SAFETY CHECKLIST

STUDENT:

First Name

Last Name

**FACULTY
MENTOR:**

First Name

Last Name

DEPARTMENT/BLDG/ ROOM NUMBER:

Department

BLDG

Room Number

**DATE OF INITIAL REVIEW
WITH STUDENT:**

Date

All UH Mānoa undergraduate students conducting research or creative work projects with funding from UROP shall be trained in the topic areas on this list, where applicable, to ensure compliance with [UH Safety and Health policies](#) and procedures and to reduce the occurrence of workplace illness and injury. This checklist must be reviewed with the student by the faculty mentor, or his/her/their designee, annually as long as the student continues to conduct their research or creative work project.



ADMINISTRATIVE POLICIES & PROCEDURES	Date Reviewed	N/A
Have the faculty mentor and the student discussed the nature of the research/creative work being conducted?		
Has the student been trained on the safe methods for performing specific duties relevant to the research/creative work being conducted?		

EMERGENCY POLICIES & PROCEDURES	Date Reviewed	N/A
Have the workplace procedures for properly reporting, documenting, and receiving treatment for a workplace issue/injury been reviewed?		
Have all applicable emergency equipment locations and procedures been identified and reviewed with the student?		
Department of Public Safety contact information: 808-956-6911		

POTENTIAL RISKS/HAZARDS	Date Reviewed	N/A
Have the faculty mentor and the student discussed the potentially hazardous components of the research/creative work being conducted? This includes physical hazards such as high/low pressure and/or temperature, fire, compressed gases, lasers, machinery, hand/power tools, electricity, noise, vibration, heights, etc.		

PERSONAL PROTECTIVE EQUIPMENT (PPE)	Date Reviewed	N/A
Are appropriate PPE available to the student?		
Has the student/employee been shown how to properly don, wear, doff, and maintain PPE?		
Has the student been informed of the limitations of PPE?		



OTHER REMARKS (SUMMARIZE ADDITIONAL AREAS COVERED, IF ANY)

[Empty box for other remarks]

ACKNOWLEDGMENT OF RESPONSIBILITIES

All personnel must acknowledge that they: KNOW and UNDERSTAND the risks and hazards, and have the SKILLS and KNOWLEDGE to execute safe practices when conducting the proposed research/creative work.

I agree to comply with all safety procedures at all times. Furthermore, I understand that if I endanger my own or a colleague's safety, I may have restricted access to certain work areas and duties as deemed necessary by my faculty mentor until further review and training.

STUDENT:

First Name Last Name

**STUDENT
SIGNATURE:**

Signature Date

**FACULTY
MENTOR:**

First Name Last Name

**FACULTY
SIGNATURE:**

Signature Date

Keep this completed form with student/employee records.