



Autoclave Mentor Form

Name of trainer _____

Name of trainee _____

Name of Principal Investigator, or PI or supervisor _____

A mentor form is required for all users of ASU autoclaves. This form confirms adherence to the ASU Autoclave Safety Manual stipulation that each learner participate in individualized, hands-on training tailored to each laboratory. A qualified person on your campus must perform the training before any work begins. The completion of Autoclave training requires that the PI or designee must provide lab personnel information associated with the specific hazards in the workplace.

Trainee acknowledgment

I affirm that I have completed the appropriate EHS Autoclave Training. _____

PI acknowledgment

I affirm that before conducting any work with hazardous materials I provided the mentee with specific substances, work area decontamination protocols and emergency procedures.

I affirm that I provided the mentee with access to the SOP and SDS for all hazardous materials.

I affirm that the mentee has completed the appropriate laboratory safety training within the last year. _____

- ☐ Comprehensive Tri-U Biosafety and Biosecurity training.
- ☐ Hazardous waste.
- ☐ Laboratory Safety Refresher.

Trainer acknowledgement

I affirm the trainee has successfully demonstrated the skills and understanding needed to operate this make and model of autoclave _____

Signature of trainer _____

Signature of trainee _____

Signature of PI or supervisor _____