

Compressed Gas Cylinders On-the-bench Safety Training Form

Faculty / Unit:	Bldg.:	Room number/s:
Name of Person Instructed*: (*please sign at the end of the form)		ID / Passport number:
Name of Instructor: (*please sign at the end of the form)	PI:	Date:

Mark 'V' near each instructed subject:

#	Subject	Instruction Preformed	Date
1	Know cylinder structure and components		
2	Know the gas type, gas hazards and material SDS		
3	Know shut off valve location and operation during emergency		
4	Know main electricity shut off valve		
5	Separation regulations of gas cylinders by hazard		
6	Prohibition of flammable and toxic gases in the lab.		
7	Means of identifying proper cylinder condition: hydrostatic test date, valid cylinder test ring, cylinder color suitable with gas type.		
8	Gas detector (stationary/mobile) operation and calibration, when relevant		
9	Personal protective equipment		
10	Visual inspection of gas system prior to mounting/disconnecting a cylinder to ensure system is intact		
11	Participation in Technion safety training for handling gas cylinders		
12	Participation in Technion safety practical training for handling gas cylinders		
13	Completion of two on-the-job trainings of handling gas cylinder		
14	Prohibition of lone work while handling gas cylinders		
15	Cylinders transport should be on a designated hand-cart only, transport path should be checked to ensure it is adequate for transportation of cylinders.		
16			
17			



#	Additional Safety Training Topics (specifically lab-related)	Instruction Preformed	Date
1			
2			
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Remarks/Clarifications:

The instructor approves by signing, that a safety instruction has been conducted on the V-marked topics.

Instructor's signature: _____

Attention! The person being instructed hereby declares by signing that the material instructed upon has been understood.

The instructed person's signature: _____