

SITE-SPECIFIC TRAINING DOCUMENTATION (sample)

NAME: _____ **START DATE:** _____

JOB SITE-SPECIFIC TRAINING	DATE	TRAINER	TRAINEE SIGN-OFF	SOP READ? 1 or 2? Know manual location (if applicable)?	SOP READ SIGN-OFF	DATE OF SOP READ SIGN-OFF
DNA Electrophoresis						
Protein Electrophoresis						
Ultracentrifugation						
Sorvall centrifuge						
Allegra centrifuge						
Microcentrifuges						
Low-speed microcentrifuges						
Electrophoresis power supply						
Thermocycling						
Biological safety cabinet						
Shaking incubation						
Fraction collector						
Weighing chemicals						
pH Meter operation						
Use of pipettes						
Homogenization						
Sonication						
Speed vac operation						
Transillumination						
Gel drying						
Pump operation						
Mouth pipetting						
Personal protective equipment						