DEPARTMENT OF VETERANS AFFAIRS
New Jersey Health Care System

Safety / Biohazard Subcommittee Annual Review Form

Safety / Biohazard Committee
Annual Training Information

Provide annual research safety training courses and dates for all individuals listed on the protocol

Use the following codes to indicate the type of training:

A – VA Mandatory Training (example: LMS and EES)

B- Research Training (example: CITI, Working with the IACUC, Bio-Safety)

C- Local VA sponsor Training (example: Safety Officer, Radiation Safety Officer, and Principal Investigator)

D - _____: Describe other training

E - _____: Describe other training

Name	Training Completed	Code	Date