

ANNUAL WORK ASSOCIATED HAZARDS ASSESSMENT AND TRAINING CERTIFICATION

Please ask your Principal Investigator or Supervisor to assist you in completing this form

Research Staff Name: _____ PI / Supervisor Name: _____ I am the PI

Position Title: _____

Paid By: VA UCSD VMRF OTHER Work Performed in: Building: _____ Room/s: _____

After discussions with my supervisor it has been determined that I will (or will not) be involved in work with the following hazards. I understand that I will receive the proper training prior to initiating this work. My supervisor will document this training and it will be submitted to the research administrative office once completed. I also understand that my supervisor will inform me of and train me in the proper handling of any new hazards as they are introduced into the work area and complete an updated hazards assessment with me for submission.

1. TRAINING: To be completed by VA and WOC Employees working in the VASDHS Research Department

The following components of the safety program are to be part of the annual training of all new and continuing employees working in the VASDHS Research Department when first employed and periodically thereafter or whenever a new hazard class is introduced into the workplace. Components A and B and C can be completed by self-study or discussion with the supervisor. **By signing and dating this sheet the employee and supervisor certify that those components CHECKED were completed within the last year.**

A. Review of Worksite (All Employees)

- | | |
|--|--|
| <input type="checkbox"/> 1. Fire extinguisher | <input type="checkbox"/> 6. Emergency exits |
| <input type="checkbox"/> 2. Eye wash | <input type="checkbox"/> 7. Material safety data sheet file location |
| <input type="checkbox"/> 3. Emergency power and lights | <input type="checkbox"/> 8. Utilities and equipment |
| <input type="checkbox"/> 4. Spill kits | <input type="checkbox"/> 9. Signs and cautionary labels |
| <input type="checkbox"/> 5. Types of hazards | <input type="checkbox"/> 10. Personal protective equipment |
| | <input type="checkbox"/> 11. Fire alarm pull station |

B. Review of Documents (All Employees)

- 1. Research Service Emergency Preparedness Procedures – Red Book (located at the doorway of each lab)
- 2. Service wide Safety Manual (relevant sections)
- 3. Laboratory Animal Hazards – Please see research staffing if you wish to participate in the VASDHS Laboratory Animal Medical/Allergy Surveillance Program.

C. Specific Training (Please check all applicable according to duties and hazards classes selected below)

- | | |
|---|--|
| <input type="checkbox"/> 1. Handbook of Laboratory Safety | <input type="checkbox"/> 6. Medical Waste Disposal |
| <input type="checkbox"/> 2. Animal Handling | <input type="checkbox"/> 7. Sharps Disposal |
| <input type="checkbox"/> 3. Blood Borne Pathogens | <input type="checkbox"/> 8. Chemical Waste Disposal |
| <input type="checkbox"/> 4. Recombinant DNA | <input type="checkbox"/> 9. Hazardous Materials Disposal |
| <input type="checkbox"/> 5. Select Agents or Toxins | <input type="checkbox"/> 10. Waste Anesthetic Gas (WAG) |

2. HAZARDOUS MATERIALS:

Check any of the following **BIOLOGICAL HAZARDS** you will use or that are at your work location. N/A

- HIV HBV TB OTHER PATHOGENS/ETIOLOGIC AGENTS HUMAN CELLS, TISSUES OR FLUIDS
 NON-HUMAN CELLS, TISSUES OR FLUIDS RECOMBINANT DNA

I am / am not at occupational risk of exposure to blood borne pathogens.

If at risk, I have been offered and have elected / declined / received the free hepatitis B vaccine.

Check any of the following **CHEMICAL HAZARDS** you will use or that are at your work location. N/A

- HAZARDOUS CHEMICALS (OF ANY CLASS) COMPRESSED GASES CRYOGENIC LIQUIDS BENZENE
 CYTOTOXICS ETHYLENE OXIDE FORMALDEHYDE MERCURY WASTE ANESTHETIC GASES

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Check any of the following **RADIATION HAZARDS** you will use or that are at your work location. N/A

LASERS RADIOCHEMICALS ULTRAVIOLET LIGHT RADIO FREQUENCY / MICROWAVE SOURCES
RADIOACTIVE MATERIALS RADIATION GENERATING EQUIPMENT

Check any of the following **PHYSICAL HAZARDS** you will be subject to at your work location. N/A

ANIMAL HANDLING REPETITIVE MOTIONS HEAVY LIFTING EXCESSIVE NOISE
FLYING PARTICLES FALLING/ROLLING OBJECTS CONTACT WITH ELECTRICAL CONDUCTORS
WORKING WITH SHARPS EXTREME TEMPERATURES

3. PERSONAL PROTECTIVE EQUIPMENT:

I have been provided the following personal protective equipment for the checked hazards: N/A

EYE & FACE PROTECTION FOOT PROTECTION HAND PROTECTION HEAD PROTECTION
RESPIRATORY PROTECTION HEARING PROTECTION

4. CERTIFICATIONS (Employees who checked ANY hazards in section 2 above must certify the statements below)

- I have received training and have been determined to be competent on the equipment and hazardous material classes with which I work.
- I have successfully completed training on personal protective equipment required for my job. (Note this is required once when PPE is issued and whenever new needs arise.)
- When working with hazardous materials where there is a potential for spills or splashes I will, at a minimum, wear a knee length lab coat, goggles, and closed toed shoes.
- I have successfully completed training on the proper disposal procedures for the different categories of waste.

Employees with ONLY Administrative duties should certify the statement below.

My work does not involve the use of hazardous materials or chemicals and does not require the use of personal protective equipment.

5. COMPLIANCE STATEMENT

If the employee's work location is VASDHS, I will comply with all Medical Center policies involving safety in the workplace. If the work location is not at VASDHS, I will comply with all policies of the institution at which the employee works. Records of training will be kept in the employee's research personnel file.

PLEASE NOTE: PI'S DO NOT NEED A SUPERVISOR SIGNATURE, THEY MAY SIGN AS EMPLOYEE AND PI

Employee's Signature

Date

Principal Investigator's or Supervisor's Signature

Date