

ANNUAL WORK ASSOCIATED HAZARDS ASSESSMENT AND TRAINING CERTIFICATION

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

Date: _____

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 maintain this documentation of training. 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.

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

The following components of the safety program are to be part of the training of all new and continuing employees working in the VASDHS, 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)

- 1. fire extinguisher 2. eye wash 3. emergency power and lights 4. spill kits 5. types of hazards 6. emergency exits 7. material safety data sheet file location 8. utilities and equipment 9. signs and cautionary labels 10. personal protective equipment 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)

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

- 1. Handbook of Laboratory Safety 2. Animal Handling 3. Blood Borne Pathogens 4. Recombinant DNA 5. Select Agents or Toxins 6. Medical Waste Disposal 7. Sharps Disposal 8. Chemical Waste Disposal 9. Hazardous Materials Disposal

2. HAZARDOUS MATERIALS:

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

- HAZARDOUS CHEMICALS (OF ANY CLASS) COMPRESSED GASES CRYOGENIC LIQUIDS SELECT CARCINOGENS (as defined in the Chemical Hygiene Plan)

Check any of the following OSHA regulated materials to which you will be exposed. N/A

- ASBESTOS BENZENE CYTOTOXICS ETHYLENE OXIDE FORMALDEHYDE MERCURY WASTE ANESTHETIC GASES

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3. BIOHAZARDS: Check any of the following to which you could potentially be exposed. N/A

- HIV HBV TB OTHER PATHOGENS/ETIOLOGIC AGENTS
HUMAN CELLS, TISSUES OR FLUIDS BSL2 OR HIGHER LABORATORY CONTAINMENT

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.

4. OTHER HAZARDS: Check any of the following which are present or occur in your job. N/A

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

5. 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

6. CERTIFICATIONS (Employees who checked ANY hazards in items 2-5 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.

7. 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 at the work location.

PLEASE NOTE: PIS 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

PLEASE TURN IN COMPLETED FORM TO RESEARCH STAFFING SECTION ROOM#6002