

NEOMED Training Checklist

(completed by Supervisor for the employee and returned to the Safety Office; P-3)

Employee's Name: _____

Department: _____ Position Title: _____

1. Is this person classified as a Non-employee (i.e. KBMS, IPM, intern, extern, volunteer, visiting scholar) ? Yes _____ No _____

If this person is a Non-employee, please provide an index to charge the occupational health fees** _____

2. Will this person work with intact animals? Yes _____ No _____

if yes, what species? (Please check all that apply.)

_____ rats or mice

_____ primates

_____ guinea pigs

_____ cats

_____ dogs

_____ bats

_____ other, please specify _____

3. Will this person be working with infectious or potentially infectious agents, toxins or biohazards?

Yes _____ No _____

if yes, which types? (Check all that apply.)

***Verification of HepB status required before work begins with these agents!**

_____ Human blood or blood products *

_____ Human waste products, human cell lines or other potentially infectious materials*

_____ Bacteria

_____ Viruses

_____ Other, please specify _____

4. Will this person be working with standard laboratory chemicals?

Yes _____ No _____

5. Will this person be working with radioisotopes, radiation generating equipment (RGE) or lasers?

Yes _____ No _____ ; If yes, specify: _____ Isotopes _____ RGE _____ Lasers (including Confocal or MPE scopes)

If no, will this person be working in any area storing or using isotope, radiation generating equipment or lasers?

Yes _____ No _____

6. Will this person be autoclaving infectious waste products?

Yes _____ No _____

7. Will this person be using a dust mask and/ or respirator?

Yes _____ No _____ If yes, specify _____ dust mask (including surgical) _____ Respirator (including N95)

8. Will this person be performing electrical/ service repairs?

Yes _____ No _____

9. Does this person 's job require that they operate a state vehicle (i.e. maintenance, motor pool, etc.)?

Yes _____ No _____

If yes, how often? _____

10. What are the physical requirements of this job?(Check the job description under "Physical Requirements".)

A. Is lifting required? Yes _____ No _____

If Yes, how much and under what circumstances (i.e. 15 lbs above the shoulder) _____

B. Is there a push/ pull required? Yes _____ No _____

If Yes, how much and under what circumstances (i.e. must be able to push/pull a 70 lb cart) _____

C. Any other physical requirements essential to the job? _____

Advisor/Supervisor Signature (if appropriate): _____ Date _____

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