

New Employee Safety Orientation Checklist

Name: _____ Lab Section: _____
 Position: _____ Supervisor: _____

REQUIRED TRAINING:

| Date Completed | Description |
|----------------|---|
| | Read, understand and sign the NCI/CCR/LP –Clinical Services Safety Manual. |
| | Read, understand and sign the Clinical Center Emergency Plan. |
| | Complete OMS medical evaluation (includes physical, checking for color blindness, offering Hepatitis B vaccine, offering retrovirus surveillance program, TB skin test and TB exposure control, evaluation of latex allergies, etc). |
| | Complete Universal Precautions and TB training. Print and mail a copy the certificate to Program Assistant for Clinical Operations. |
| | Understand fire safety, RACE, emergency evacuation plan and exits, fire alarm pull stations, emergency phone numbers, location and operation of fire extinguishers, emergency lighting, areas of refuge, and evacuation procedures for disabled employees. |
| | Knows location and how to use emergency shower, eyewash, chemical spill kit, & first aid kit. |
| | Understands chemical safety, storage and disposal procedures. Knows which chemical are toxic or carcinogens. Knows location of chemical inventory list and location of MSDS. Instructed on the components of MSDS and how to read MSDS. Instructed in the proper personal protective devices when handling corrosive, flammable, biohazardous, and carcinogenic substances. |
| | Understand the safe handling of electrical equipment. |
| | Understands location of personal protective equipment (PPE) and appropriate use of PPE (lab coats, goggles, etc), chemical fume hood, biological safety cabinet, and other safety equipment. Instructed in the proper use and care of disposal gloves. |
| | Understands procedures related to Universal Precautions, CJD, TB, and biohazard control. Knows that non-latex gloves are available. |
| | Understands how to handle, transport, store, and dispose of radioactive specimens. |
| | Understands safety procedures for specific section (e.g., UV light, laser, safe use of specialized equipment, hazardous chemicals used in area, etc). |
| | Complete the online radiation safety orientation. |
| | Complete the "Shipping Diagnostic Specimens Training Evaluation" form, if responsible for shipping specimens. |

OPTIONAL TRAINING (Mandatory if conducting research):

| Date Completed | Required? Yes or No | Description |
|----------------|------------------------|----------------------------------|
| | | Introduction of Lab Safety (CBT) |
| | | Lab Safety at NIH |
| | | Working Safely with HIV |

Employee Signature: _____ / /
 Safety Officer Signature: _____ / /

Send copy to Clinical Laboratory Manager for central filing after required training is completed.
 (Revised 8/2003)