

NCI at Frederick New Employee Safety Checklist

EHS MEDICAL SURVEILLANCE ENROLLMENT FORM

PLEASE RETURN to EHS: Building 426 – Fax: 301-846-6619 – Email: ehsforms@nih.gov

Please print when completing this form

EMPLOYEE NAME: _____

EMPLOYEE#: _____

JOB TITLE: _____

BLDG/RM: _____

Will employee enter an NCI animal facility: YES NO

Annual Update

New Hire If YES, provide start date: _____

Job Transfer

Minor (under 18 years of age)

JOB CATEGORY ***MANDATORY***

Check ALL categories that apply

Laboratory Employee

FME Service Employee

Administrative Functions Only (*not in a lab*)

Exposure to Research Animals

FME Employee

Administrative functions (non-office setting)

Non-Human Primate Handler

Protective Services

Other _____

EHS/OHS

Courier

Health Care Employee

Warehouse/Mailroom

JOB HAZARD ASSESSMENT

BIOLOGICAL HAZARDS *MANDATORY*****

THESE HAZARDS ARE NOT APPLICABLE

ANIMAL MATERIALS:

Live animals Unfixed Tissues Urine, Feces or Dander

HUMAN MATERIALS:

Blood, Body fluids and Tissues Cell Lines (human) OPIM Other (Specify: _____)

NON-HUMAN PRIMATE MATERIAL:

Blood Tissues Other (Specify: _____)

INFECTIOUS MATERIALS: (Direct contact with live virus)

Epstein Barr Virus (EBV)

Polio

Vaccinia

Hepatitis C

Rabies

Varicella

Herpes Simplex

Retrovirus Production Worker (>10L)

Other (Specify: _____)

Influenza

Toxoplasma gondii

VIRAL VECTORS (*Ex. adeno, lenti, retro*)

TOXINS: Diphtheria Pertussis Other (Specify: _____)

LIST ALL APPLICABLE IBC REGISTRATION #(S) : _____

GENERAL SAFETY HAZARDS *MANDATORY*****

THESE HAZARDS ARE NOT APPLICABLE

NOISE EXPOSURE > 85dBa for 8 hrs

FORKLIFT OPERATOR

RESPIRATOR Required (Specify: _____)

RADIATION HAZARDS *MANDATORY*****

THESE HAZARDS ARE NOT APPLICABLE

LASERS (*CLASS IIIB or IV*)

X-RAY MACHINES, ELECTRON MICROSCOPES, IRRADIATORS (Specify: _____)

RADIOACTIVE MATERIALS (Specify isotopes: _____)

SUPERVISOR (Printed Name): _____

SUPERVISOR SIGNATURE: _____ **Date:** _____