

Name:	Supervisor
Date:	Department:

Non-ee & MCTS

Directions:

1. This form should be completed with your Supervisor, Sponsor or their designee within your first week.
2. Send original to John Strong, Environmental Health & Safety, make copies for department records and person oriented

Emergency Information:

Locate the nearest fire alarm pull station <input type="checkbox"/> Complete	Review your Area Evacuation Plan <input type="checkbox"/> Complete
Locate your Emergency Assembly Point <input type="checkbox"/> Complete	What number do you dial for an emergency? # _____

<http://www.wakehealth.edu/EHS/EHS-Primary-Programs/Emergency-Information.htm>

General Clinical Safety:

Locate the proper place to store chemicals, flammables and waste in clinical areas <input type="checkbox"/> Complete <input type="checkbox"/> N/A	Review procedures for dealing with compressed gas cylinders <input type="checkbox"/> Complete <input type="checkbox"/> N/A
Locate the nearest hand washing sink <input type="checkbox"/> Complete	Locate the nearest autoclave and review procedures for use <input type="checkbox"/> Complete <input type="checkbox"/> N/A
Locate the nearest eye wash and safety shower <input type="checkbox"/> Complete <input type="checkbox"/> N/A	Receive training on radiation producing equipment (department responsibility) <input type="checkbox"/> Complete <input type="checkbox"/> N/A
Discuss proper spill cleanup procedures. <input type="checkbox"/> Complete	Locate the biosafety cabinet and review proper procedures for use <input type="checkbox"/> Complete <input type="checkbox"/> N/A
Identify the proper break areas (eating, etc) <input type="checkbox"/> Complete	Locate waste and sharps disposal containers and waste labeling supplies <input type="checkbox"/> Complete <input type="checkbox"/> N/A

<http://www.wakehealth.edu/EHS/EHS-Primary-Programs/Biological-Safety-Overview.htm>

Hazards & Personal Protective Equipment (PPE):

Supervisor should help fill in these fields.

Briefly outline the hazards in your work environment:	List the appropriate PPE for your duties:

Institutional Review Board: 716-4542

Will you be working with Human Research Subjects?

No

Yes—complete the CITI modules through the IRB office (website and phone # above)

External link: [http://www.wakehealth.edu/OR/Institutional-Review-Board-\(IRB\)-a-part-of-the-Human-Research-Protection-Program-\(HRPP\).htm](http://www.wakehealth.edu/OR/Institutional-Review-Board-(IRB)-a-part-of-the-Human-Research-Protection-Program-(HRPP).htm)

Internal link: [http://intranet.wakehealth.edu/Departments/Office-of-Research/Human-Research/Institutional-Review-Board-\(IRB\)-a-part-of-the-Human-Research-Protection-Program-\(HRPP\).htm](http://intranet.wakehealth.edu/Departments/Office-of-Research/Human-Research/Institutional-Review-Board-(IRB)-a-part-of-the-Human-Research-Protection-Program-(HRPP).htm)

Signatures:

Person oriented:

Supervisor or their designee:

Please return this form to John Strong, EH&S, via interoffice mail
(or email: jrstrong@wakehealth.edu)