

Lab Safety Checklist: Compliance Documentation

(enter date at completion, or indicate where not applicable)

General Safety Information	
<ul style="list-style-type: none"> • I am familiar with biohazardous agents in use in the lab and understand the routes of disease transmission and the signs and symptoms of disease of these biohazardous agents. 	
<ul style="list-style-type: none"> • I have received information on recommendations for vaccinations and prevention of exposure for the biohazardous agents present in the lab. 	
<ul style="list-style-type: none"> • I have been informed about chemical hazards in the lab. I know the location of MSDS, eye wash station and fire extinguisher 	
<ul style="list-style-type: none"> • I am familiar with the sharps safety plan that has been developed for this laboratory. 	
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Specific Safety Protocols for Biohazards Relating to Human Blood, HUVEC Cells, LISTERIA.	
<ul style="list-style-type: none"> • I understand the use of personal protective equipment and waste handling protocols for BSL-2 work 	
<ul style="list-style-type: none"> • I have been trained in correct procedures for handling biohazardous agents in the lab 	
Specify Agent(s): Human Blood, HUVEC Cells, LISTERIA.	
<ul style="list-style-type: none"> • I have been trained in procedures for cleaning up/containment of spills of BSL-2 materials and treatment of biohazardous wastes 	
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Additional Training	
<ul style="list-style-type: none"> • I have completed the University of Rochester Laboratory Safety Training 	
<ul style="list-style-type: none"> • I have received training from Radiation Safety in the use of radioisotopes 	
<ul style="list-style-type: none"> • I have been offered, or received, the Hepatitis B vaccination series at no charge to myself. [Contact University Health Services Occupational Health Program (x54955) for assistance in formally offering (or declining) the vaccine as well as for vaccine administration, and record keeping.] 	
<ul style="list-style-type: none"> • Insert information regarding the offering of any other vaccinations per specific laboratory medical surveillance requirements. 	
<ul style="list-style-type: none"> • I have been made aware that if I am at increased risk of infection (e.g. pre-existing disease, medication, compromised immunity, pregnancy or breastfeeding), I have the option to seek job related risk counseling through University Health Services Occupational Health Program. 	

signature of employee; date



JME

signature of principal investigator or trainer; date

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY

REPORT OF THE
COMMISSIONERS OF THE
LAND OFFICE
IN RESPONSE TO
RESOLUTION NO. 100
PASSED AT THE
ANNUAL MEETING OF
THE BOARD OF SUPERVISORS
ON MAY 15, 1967

THE LAND OFFICE HAS
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