

Transfer Employee Exposure Assessment

PURPOSE: The purpose of this assessment is to determine your required health & safety training by evaluating your use of and exposure to potentially hazardous agents in your workplace.

INSTRUCTION: Please indicate your general employment responsibilities:

Research Laboratory
 Hospital/Dental Clinic/Patient Care
 Admin/DLAR/UT Police/
 Room #: _____ Location: _____ **Facilities Management/Other**

Complete the hazard assessment sheet by indicating which materials will be used in the course of your employment. If you answer "Yes" to any of the assessment questions, Environmental Health & Safety will inform you and your supervisor of any additional safety training requirements. Contact Environmental Health & Safety at (210) 567-2955 (<http://research.uthscsa.edu/safety/>) with questions.

<u>Workplace Exposure Hazard</u>	<u>Yes</u>	<u>No</u>	<u>Additional Required Safety Training</u>
Hazardous chemicals	<input type="checkbox"/>	<input type="checkbox"/>	Lab Safety & Hazardous Waste Generator's Course & Site-Specific Chemical Hazard Training
Human blood, tissues, cell lines, regulated medical waste	<input type="checkbox"/>	<input type="checkbox"/>	Basic Bloodborne Pathogens Course
Potentially infectious agents or rDNA (Research)	<input type="checkbox"/>	<input type="checkbox"/>	Basic Biological Safety Course
Patient Care Areas/Tuberculosis Exposure	<input type="checkbox"/>	<input type="checkbox"/>	TB Infection Control Program in the Workplace
Biosafety Level 3: Select Agents	<input type="checkbox"/>	<input type="checkbox"/>	BSL-3/2: Select Agents
Select Agent Toxins (exempt quantities)	<input type="checkbox"/>	<input type="checkbox"/>	Select Agent Toxin Training
Shipping Class 6.2 Infectious Agents	<input type="checkbox"/>	<input type="checkbox"/>	Shipping of Infectious Substances & Dry Ice
Radioactive materials	<input type="checkbox"/>	<input type="checkbox"/>	Fundamentals of Laboratory Radiation Safety
X-ray or other radiation producing devices	<input type="checkbox"/>	<input type="checkbox"/>	Basic X-ray Safety Course
Instruments, equipment utilizing lasers	<input type="checkbox"/>	<input type="checkbox"/>	Basic Laser Safety Course
MRI equipment	<input type="checkbox"/>	<input type="checkbox"/>	Basic MRI Safety Course

ACKNOWLEDGMENT:

I have read and understood the exposure assessment and training requirements provided to me. I understand that if my employment status or job duties change, I will contact the Environmental Health & Safety Department and/or my supervisor to arrange the appropriate safety training.

Employee Name (print): _____ Date: _____

Signature: _____ HSC Badge # _____

Department/Campus: _____ Work Phone: _____

Job Title: _____ Supervisor/PI: _____

RETURN COMPLETED FORM TO ENVIRONMENTAL HEALTH & SAFETY, 1.343T