SPONSORED PROJECT/RESEARCH VOLUNTEER SAFETY INFORMATION FORM

Section I. The following potential hazards exist in the area where I will volunteer (check all that apply)

_____ general office hazards
_____ hazardous chemicals
_____ radioactive materials
_____ lasers, microwaves, UV, or RF radiation
_____ radiation producing devices
_____ blood, blood products, or other body fluids
_____ carcinogens, reproductive hazards or cytotoxins
_____ ethylene oxide
_____ work requiring the use of respiratory protection
_____ formaldehyde
_____ nitrous oxide
_____ asbestos
_____ glutaraldehyde
_____ other (specify)_____

Section II. I have reviewed the following applicable health and safety information:

_____ VCUHS Safety Manual
_____ Radiation Safety Manual/Guide
_____ Carcinogen Safety Guide
_____ Infection Control Policies
_____ Biohazard/Recombinant DNA Safety Guide
_____ Department Safety Policies
_____ Other (specify)_____

Section III. I have participated in the following training programs:

_____ Safety Awareness
_____ Hazard Communications (formal or informal)
_____ Radiation Safety
_____ Laboratory Safety (formal or informal)
_____ Dangerous Goods
_____ Standard Precautions
_____ Respiratory Protection
_____ Asbestos Awareness
_____ Other (specify)_____

Section IV. For volunteers who must utilize respiratory protection (e.g., the N-95 mask) to perform their activities:

I have been fit-tested with the respirator I will use in my volunteer activities: _____Yes _____ No

This document should be completed in conjunction with your sponsoring faculty member/PI. Your signature indicates your receipt of this information/training.

_____

Volunteer Printed Name Signature Date

_____

Sponsoring Faculty Member/PI's Printed Name Signature
Date

THIS FORM IS TO BE MAINTAINED IN THE VOLUNTEER'S UNIT/DEPARTMENT FILE.