Name:

Position/Job:

Please indicate YOUR level of comprehension and competence in each of the listed safety areas.
You may add topics at the end if you have a concern about one that is not listed.

| **Task or Issue** | **Totally understand and competent** | **Somewhat understand but would like more instruction** | **Do not understand at all and need more instruction** |
| --- | --- | --- | --- |
| Your rights and responsibilities in the safety program |  |  |  |
| General Practice Safety including housekeeping, safe storage of materials and eating and drinking policy. |  |  |  |
| Ergonomics and lifting properly |  |  |  |
| Your duties in the event of a fire, emergency or evacuation |  |  |  |
| Dress code (pertaining to safety) |  |  |  |
| Accident prevention & injury reporting |  |  |  |
| Safe animal handling and bite prevention |  |  |  |
| Electricity |  |  |  |
| Noise hazards/hearing protection |  |  |  |
| Zoonotic disease prevention |  |  |  |
| Personal safety and violence prevention |  |  |  |
| Use and limitations of personal protective equipment |  |  |  |
| Sharps and biomedical waste procedures |  |  |  |
| Radiation safety & procedures |  |  |  |
| Anesthesia safety & procedures |  |  |  |
| Hazard communication (chemicals) – safe use and storage |  |  |  |
| Hazardous Chemical Labels |  |  |  |
| Safety Data Sheets (location & use) |  |  |  |
| Location and use of eyewash station |  |  |  |
| Ethylene oxide procedures |  |  |  |
| Formaldehyde procedures |  |  |  |
| Proper storage, use and clean-up of chemotherapy drugs |  |  |  |
| Other Safety Concerns not listed: (please specify) |  |  |  |