



1. Complete this form with your supervisor and obtain your supervisor's signature in Section II. Complete the required training.
2. To obtain an ID: Bring Section I and II to the Harvard Longwood Campus ID Office located at HSPH Kresge, Room 119 Monday-Friday 8AM-4PM. In Southborough, obtain your ID from the Security Office.
3. Keep a copy for your records.
4. Provide your laboratory manager or safety coordinator with a copy of Section III Hepatitis B Vaccine Acceptance/Declination.

Risk Assessment (Check all that apply)	Required Training Based on Risk Assessment	Training Information/Attendance Verification
<p><b>Laboratory Safety</b></p> <p><input type="checkbox"/> I work in a Longwood Campus research laboratory where chemicals and/or biologicals are used.</p>	<ol style="list-style-type: none"> <li><b>Lab Safety at Longwood:</b> Classroom session that includes Lab Chemical Safety (LAB 101), Hazardous Waste (ENV 201), Biosafety/Bloodborne Pathogens (IHS 103), NIH Recombinant DNA (LAB 110), and Fire Safety and Evacuation (IHS 120).</li> <li><b>Lab-specific Training (LAB 112):</b> information provided by the supervisor or the supervisor's designee (lab manager/safety coordinator) on an initial and refresher basis (if new procedures or hazards are introduced): <ul style="list-style-type: none"> <li>Hazards associated with recombinant or infectious agents used and any recommended vaccinations.</li> <li>Awareness of particularly hazardous substances (e.g., carcinogen, reproductive toxin, highly acutely toxic) in lab <a href="#">inventory summary</a>.</li> <li>SOPs for carcinogens, acutely toxic substances, or reproductive toxins used in lab.</li> <li>Emergency procedures (e.g., location/review of flip chart, safety showers, eyewashes, alarm pull stations, spill cabinet).</li> <li>Safe use of laboratory equipment (e.g., autoclaves, centrifuges, compressed gas cylinders, chemical hoods, biosafety cabinets) – fact sheets at <a href="http://www.uos.harvard.edu/ehs/ih/lp_equipment.shtml">www.uos.harvard.edu/ehs/ih/lp_equipment.shtml</a></li> <li>Proper selection, use and care of personal protective equipment (e.g., safety glasses, splash goggles, UV glasses).</li> </ul> </li> </ol> <p><b>Hazardous Waste Refresher Training (ENV 201)</b> is required in March every year, and available on the web at <a href="http://www.uos.harvard.edu/cgi-bin/training/hazwaste/hazwaste.pl">www.uos.harvard.edu/cgi-bin/training/hazwaste/hazwaste.pl</a> for staff in all buildings except HIM or NRB.</p> <p><b>Recombinant DNA Refresher Training (LAB 110)</b> is required every three years, and available on the web at <a href="http://eureka.harvard.edu/Eureka/course_template/course.cfm?CourseID=435&amp;categoryID=50">eureka.harvard.edu/Eureka/course_template/course.cfm?CourseID=435&amp;categoryID=50</a> for staff in all buildings except HIM or NRB.</p>	<p>Researchers in <b>NRB/HIM</b> building: call EH&amp;E (2-2925) for training  Researchers in <b>Southborough</b>: call NEPRC Lab Safety &amp; Training Coordinator (508-786-1416)</p> <p><b>All others:</b> Third Thursday of every month from 12–2:30 PM  For location: see <a href="http://www.uos.harvard.edu/trainingv2/course_schedulex.jsp">www.uos.harvard.edu/trainingv2/course_schedulex.jsp</a></p> <ol style="list-style-type: none"> <li><b>Instructor's stamp:</b></li> <li><b>Supervisor's or designee's signature to verify lab-specific training was done:</b></li> </ol>

## Laboratory Researcher Training and Risk Assessment Form

### Harvard Longwood and Southborough Campuses

Risk Assessment (Check all that apply)	Required Training Based on Risk Assessment	Training Information/Attendance Verification
<b>Bloodborne Pathogens</b>  <input type="checkbox"/> I work with established human cell lines; human blood, cells or unfixed tissue; human body fluid excluding urine, saliva, sputum; or HIV or Hepatitis B Virus.	<p>Included in Lab Safety at Longwood classroom session noted above.</p> <p>Complete the <b>Occupational Exposure to Bloodborne Pathogens Form</b> at <a href="http://www.uos.harvard.edu/ehs/longwood/vaccine_offer_HBV.pdf">www.uos.harvard.edu/ehs/longwood/vaccine_offer_HBV.pdf</a> and have your supervisor sign it.</p> <p><b>Bloodborne Pathogens Refresher Training (IHS 103)</b> is required in March every year, and available on the web at <a href="http://www.uos.harvard.edu/cgi-bin/training/bbp.pl">www.uos.harvard.edu/cgi-bin/training/bbp.pl</a> for staff in all buildings except HIM or NRB.</p>	<p>Workers in <b>NRB/HIM</b> building: call EH&amp;E (2-2925) for training</p> <p>Workers in <b>Southborough</b>: call NEPRC Lab Safety &amp; Training Coordinator (508-786-1416)</p> <p><b>All others:</b> Third Thursday of every month from 12–2:30 PM</p> <p>For location: see <a href="http://www.uos.harvard.edu/trainingv2/course_schdulex.jsp">www.uos.harvard.edu/trainingv2/course_schdulex.jsp</a></p> <p>See Instructor's stamp in box above</p>
<b>Controlled Substances/ Prescription Drugs</b>  <input type="checkbox"/> I work with US Drug Enforcement Agency (DEA) controlled substances and/or prescription drugs (e.g., ketamine, pentobarbital).	<ol style="list-style-type: none"> <li>Review the <b>Harvard Researcher's Guide to Controlled Substances</b> at <a href="http://www.uos.harvard.edu/ehs/ih/DEA_Researchers_Guide.pdf">www.uos.harvard.edu/ehs/ih/DEA_Researchers_Guide.pdf</a> (IHS 112)</li> <li>Obtain from your PI or Supervisor written authorization to access the controlled substance and written procedures on how to access, secure, maintain logs, and dispose of the controlled substance.</li> </ol>	<ol style="list-style-type: none"> <li>"I have read the Harvard Researcher's Guide to Controlled Substances at <a href="http://www.uos.harvard.edu/ehs/ih/DEA_Researchers_Guide.pdf">www.uos.harvard.edu/ehs/ih/DEA_Researchers_Guide.pdf</a>"   <b>Employee Signature:</b> _____</li> <li>Supervisor's signature below authorizes the employee to access the controlled substance and certifies that the employee was provided with written procedures on how to access, secure, maintain logs, and dispose of the substance.   <b>Supervisor's Signature:</b> _____</li> </ol>
<b>Animals or animal tissue</b>  <input type="checkbox"/> <b>NO ANIMAL CONTACT:</b> I will not have direct contact with experimental animals, and animals will NOT be used in my immediate work area  <input type="checkbox"/> <b>WORKS IN AN AREA WHERE ANIMALS ARE COMMONLY USED:</b> I will not have direct contact with experimental animals; however, I will work in an area where animals may commonly be used  <input type="checkbox"/> <b>DIRECT ANIMAL CONTACT:</b> I will have direct contact with experimental animals, waste, body fluids, and bedding.	<p><b>NO DIRECT ANIMAL CONTACT (IHS 113):</b> Read paragraph to the right called: "POSSIBLE CONSEQUENCES OF EXPOSURE" and sign your name under the paragraph to certify that you read it.</p> <p><b>WORKING IN AN AREA WHERE ANIMALS ARE COMMONLY USED (IHS 114):</b></p> <ol style="list-style-type: none"> <li>Read Page 1 of "ANIMAL-RELATED RISK FACT SHEET" (<a href="http://www.uos.harvard.edu/ehs/longwood/animal_related_risk_factsheet.pdf">www.uos.harvard.edu/ehs/longwood/animal_related_risk_factsheet.pdf</a>)</li> <li>Sign "Employee Signature" area in the section to the right.</li> </ol> <p><b>DIRECT ANIMAL CONTACT (IHS 115):</b></p> <ol style="list-style-type: none"> <li>Read "ANIMAL-RELATED RISK FACT SHEET" (<a href="http://www.uos.harvard.edu/ehs/longwood/animal_related_risk_factsheet.pdf">www.uos.harvard.edu/ehs/longwood/animal_related_risk_factsheet.pdf</a>) and follow <b>Animal Facility Access Instructions</b> on the fact sheet.</li> <li>Complete classroom training: <b>Humane Care &amp; Use of Laboratory Animals in Research and Teaching</b>. Phone: 617-432-3192 to find out next available session.</li> <li>Receive <b>HCCM facility-specific training</b>, as required (e.g., New Users, Safety &amp; Protocol-Related Risk, Surgery, Non-human Primate, and Refresher Training and as indicated on the "ANIMAL-RELATED RISK FACT SHEET" instructions</li> <li>Sign "Employee Signature" area in the section to the right.</li> </ol>	<p><b>POSSIBLE CONSEQUENCES OF EXPOSURE:</b> Laboratory animal allergens induce allergic reactions in susceptible individuals. If allergies occur, inform your Supervisor or Principal Investigator/Administrator immediately so that you may either receive proper protective equipment and/or be referred to an occupational health professional. Laboratory animal allergies may also develop after a variable exposure period. Symptoms of laboratory animal allergy include: urticaria (itchy skin, hives), conjunctivitis, sneezing, nasal drainage, nasal congestion, asthma (cough, wheezing, shortness of breath) or in extreme cases anaphylaxis (shortness of breath, fainting, vomiting).</p> <p>"I have read the "POSSIBLE CONSEQUENCES OF EXPOSURE"(above) AND/OR "ANIMAL-RELATED RISK FACT SHEET " and I understand the safety requirements of my position.</p> <p><b>Employee signature certifying above statement:</b>  _____</p>

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### Harvard Longwood and Southborough Campuses

<b>Formaldehyde</b> <input type="checkbox"/> I use or open containers of formaldehyde at a bench (outside of fume hood or other exhausted enclosure).	<b>Contact EHS for Formaldehyde Use Training (LAB 109)</b>	To schedule Formaldehyde Training call x2-1720 (except NRB/HIM workers call EH&E at 2-2925)  <b>Instructor's Signature:</b>
<b>Respiratory Protection</b> <input type="checkbox"/> I am required to wear a respirator e.g., NIOSH-approved filtering facepiece (N95), tight-fitting, or powered air-purifying respirator  <input type="checkbox"/> I voluntarily wear a respirator e.g. NIOSH-approved filtering facepiece (N95), tight-fitting, or powered air-purifying respirator	<b>Required Respirator Use (IHS 107):</b> 1. Complete <b>Medical Evaluation Questionnaire for Use of Respiratory Protection</b> (unless voluntarily wearing N95) 2. Complete <b>Respirator Use and Care Training</b> 3. Complete <b>Respirator Fit Testing</b> (if using tight-fitting respirator or N95 filtering facepiece)  <b>Voluntary Respirator Use:</b> Sign and retain the Voluntary Respirator Use Form	<b>Non-HCCM Employees/Students:</b> 1. Obtain Medical Evaluation Form for Use of Respiratory Protection (see right navbar at <a href="http://www.uos.harvard.edu/ehs/ih/rpp.shtml">www.uos.harvard.edu/ehs/ih/rpp.shtml</a> ) 2. Bring the form to UHS 275 Longwood Avenue for a doctor's signature between 8:30 am and 5:30 pm 3. Schedule Fit Testing and Training by calling 2-1720 (except NRB/HIM workers call EH&E at 2-2925)  <b>HCCM Employees:</b> Contact Occupational Health Physician (x2-1285)  <b>Attach copy of respirator card</b>
<b>Radiation</b> <input type="checkbox"/> I work with ionizing radiation or use x-ray generating equipment	<b>Radiation Safety (Initial) Training (RPO 101):</b> available on-line or in a classroom  <b>Radiation Safety Refresher (RPO 201):</b> classroom course required every two years	On-line initial training: <a href="http://www.uos.harvard.edu/cgi-bin/radsafety/training/training_enter.pl">www.uos.harvard.edu/cgi-bin/radsafety/training/training_enter.pl</a>  Classroom schedule: <a href="http://www.uos.harvard.edu/trainingv2/course_schedulex.jsp">www.uos.harvard.edu/trainingv2/course_schedulex.jsp</a>  <b>Instructor's signature or attach training certificate:</b>
<b>Lasers</b> <input type="checkbox"/> I use Class IIIB or IV lasers	<b>Laser Safety Training (RPO 102):</b> classroom course only  <b>Laser Safety Refresher (RPO 202):</b> classroom course required every two years	Classroom schedule: <a href="http://www.uos.harvard.edu/trainingv2/course_schedulex.jsp">www.uos.harvard.edu/trainingv2/course_schedulex.jsp</a>  <b>Instructor's signature or attach training certificate:</b>
<b>Irradiator</b> <input type="checkbox"/> I use or need access to an irradiator	<b>Irradiator Safety Training (RPO 103):</b> classroom course only  NOTE: anyone using an irradiator must go through Human Resources for a background check, etc.	To schedule Irradiator Safety Training: call x6-3797  <b>Instructor's signature or attach training certificate:</b>
<b>Evacuation Monitor</b> <input type="checkbox"/> I am a volunteer evacuation monitor for my floor.	<b>Evacuation Monitor Training (IHS 109)</b>	To schedule Evacuation Monitor Training call x2- (except NRB/HIM workers call EH&E at 2-2925)  <b>Instructor's Signature:</b>
<b>Ergonomics</b> <input type="checkbox"/> I routinely use a computer more than 4 hrs/day or 20 hrs/week	<b>Optional Computer Workstation Ergonomics Training (IHS 104)</b>	On-line Computer Workstation Ergonomics training is available at <a href="http://www.uos.harvard.edu/cgi-bin/training/ergo.pl">www.uos.harvard.edu/cgi-bin/training/ergo.pl</a>  Training verification is not necessary for optional training

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### Harvard Longwood and Southborough Campuses

<b>Shipping Regulated Biologicals</b>  <input type="checkbox"/> I am involved in shipping dry ice and/or regulated biological material (e.g., BL2 or BL3 materials and recombinant microorganisms).	<b>Shipping Regulated Biologicals Training (LAB 104)</b>  Includes training on Shipping Dry Ice (LAB 112)  <b>Refresher Training:</b> required every 2 years	To schedule Shipping Training: call x2-1720 (except NRB/HIM workers call EH&E at 2-2925)  Attach training certificate
<b>Shipping Dry Ice</b>  <input type="checkbox"/> I am involved in shipping dry ice only (and no regulated biological material)	<b>Shipping Dry Ice Training (LAB 112)</b>  Is not needed if training on Shipping Regulated Biologicals (LAB 104) above is taken  <b>Refresher Training:</b> required every 2 years	To schedule Shipping Training: call x2-1720 (except NRB/HIM workers call EH&E at 2-2925)  Attach training certificate
<b>Shipping Non-regulated Biologicals</b>  <input type="checkbox"/> I am involved in shipping only non-regulated biologicals (e.g., plasmids, proteins, BL1 non-recombinant microorganisms, or fixed material).	<b>Shipping Non-regulated Biologicals Training (LAB 109)</b>  <b>Refresher Training:</b> none required	To schedule Shipping Training: call x2-1720 (except NRB/HIM workers call EH&E at 2-2925)  Attach training certificate
<b>Shipping Chemicals/Hazardous Materials</b>  <input type="checkbox"/> 1. I am involved in shipping liquid nitrogen <input type="checkbox"/> 2. I am involved in shipping ethanol <input type="checkbox"/> 3. I am involved in shipping formaldehyde <input type="checkbox"/> 4. I am involved in shipping chemicals or other hazardous materials (e.g., lithium ion batteries) not identified in previous "Shipping" selections	<ol style="list-style-type: none"> <li>1. <b>Shipping Liquid Nitrogen (LAB 106)</b></li> <li>2. <b>Shipping Ethanol Solutions (LAB 107)</b></li> <li>3. <b>Shipping Formaldehyde (LAB 108)</b></li> <li>4. <b>Shipping Chemicals (LAB 111)</b></li> </ol> <p>This training is specific to the chemical or hazardous material and the quantity shipped. Contact EHS x2-1720 to determine the appropriate training.</p> <b>Refresher Training:</b> required every 2 years	To schedule Shipping Training: call x2-1720 (except NRB/HIM workers call EH&E at 2-2925)  Attach training certificate

**Laboratory Researcher Training and Risk Assessment Form**  
**Harvard Longwood and Southborough Campuses**

**Section II. Employee/Student Information and Signatures**

Employee or Student Name: \_\_\_\_\_ Harvard ID # \_\_\_\_\_

School: \_\_\_\_\_ Department: \_\_\_\_\_

Harvard Address: \_\_\_\_\_

**Laboratory-specific or job-specific training:** As required by OSHA, a Supervisor or his/her designee must provide initial and refresher training on specific job hazards to supplement EHS general training.

**Environmental Health, Safety & Emergency Management (EHSEM) Department training:** General environmental, health and safety training covering EHS regulations and guidelines, safe work practices, and exposure controls.

**Technical assistance:** Contact the EHSEM Department (617-432-1720) or visit our webpage at [www.uos.harvard.edu/ehs/longwood](http://www.uos.harvard.edu/ehs/longwood) for help in assessing or mitigating environmental, health and safety concerns.

**Supervisor Statement:** "I certify that I or my qualified designees have completed the Training and Risk Assessment Form with this employee, and I or my designee has instructed him/her on laboratory-specific safety procedures including dealing with accidents and waste management. Furthermore, as required by NIH Guidelines, I certify this laboratory worker has appropriate technical expertise for their job duties and will use appropriate biosafety level practices and procedures in my laboratory."

Supervisor Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Department: \_\_\_\_\_ Date: \_\_\_\_\_