

Department of Environmental Science and Policy
Health and Safety Training Form
Required of all ESP – UC Davis employees

Employee Name: _____ Job Title: _____ Date: _____

The supervisor and employee must review this form and submit an updated signed copy to Nancy Louks in the ESP Business Office at least annually. Any questions that cannot be satisfied by the supervisor or by accessing <http://safetyservices.ucdavis.edu> should be directed to the ESP Safety Coordinators (George: 530-574-6342, Tina: 916-803-2166, Anne: 530-902-8479) or to the CAO (Pat: 752-6370), or to the Chair (Susan: 752-5878), or to EH&S at 752-1493. Please call 911 in event of an emergency situation.

The employee has been trained in the handling of the following checked materials. All Material Safety Data Sheets (MSDS) not kept in the room's safety binder can be found in room 3117 Wickson Hall. The safety binder is kept in a specified place in each office or lab.

Check only if applicable

- | | | |
|---|--|--|
| a. <input type="checkbox"/> Acids & Bases | f. <input type="checkbox"/> Cryogenic material | k. <input type="checkbox"/> Radioactive compounds |
| b. <input type="checkbox"/> Asbestos | g. <input type="checkbox"/> Flammables & explosives | l. <input type="checkbox"/> Oxidizers |
| c. <input type="checkbox"/> Carcinogens | h. <input type="checkbox"/> Heavy metals | m. <input type="checkbox"/> Toxic materials |
| d. <input type="checkbox"/> Chem. & hazardous waste | i. <input type="checkbox"/> Infectious/biohaz/transgenic materials | n. <input type="checkbox"/> Other (specify: _____) |
| e. <input type="checkbox"/> Compressed gases | j. <input type="checkbox"/> Organic solvents | |

The employee has been trained on the following Emergency procedures and regulations:

- | | | |
|--|--|--|
| a. <input checked="" type="checkbox"/> Accidents | d. <input checked="" type="checkbox"/> Fire | g. <input checked="" type="checkbox"/> Medical emergencies |
| b. <input checked="" type="checkbox"/> Earthquakes | e. <input checked="" type="checkbox"/> Injury & Illness Prevention Program (IIPP): http://www.des.ucdavis.edu/Forms.html | |
| c. <input checked="" type="checkbox"/> Evacuations | f. <input checked="" type="checkbox"/> Workers Comp regulations | |

The employee has been instructed in the proper performance of the following operations/reduction of exposures:

- | | | |
|---|---|--|
| a. <input type="checkbox"/> Climbing ladders | g. <input type="checkbox"/> Pesticide safety | n. <input type="checkbox"/> Specialized electrical equip |
| b. <input type="checkbox"/> Continuous standing | h. <input type="checkbox"/> Hantavirus (fieldwork)* | o. <input type="checkbox"/> Use of shop equipment |
| c. <input type="checkbox"/> Working in dusty conditions | i. <input type="checkbox"/> Solar exposure | p. <input type="checkbox"/> Use of dept. vehicles |
| d. <input type="checkbox"/> Electrophoresis safety | j. <input type="checkbox"/> Use of autoclaves | q. <input type="checkbox"/> Use of ultraviolet sources |
| e. <input type="checkbox"/> Heat stress | k. <input type="checkbox"/> Use of motorized field equip | r. <input type="checkbox"/> Valley Fever |
| f. <input type="checkbox"/> High noise level | l. <input type="checkbox"/> Use of research equipment | s. <input type="checkbox"/> Other (specify: _____) |
| f. <input type="checkbox"/> Lifting | m. <input type="checkbox"/> Field research protocols & water safety | |

*Please note requirement for Hantavirus training of all individuals involved in fieldwork and of those visiting off-campus facilities located in deer mouse habitat:
<http://safetyservices.ucdavis.edu/programs-and-services/occupational-health/acuohp/ucd-policy-procedures-educational-materials/hantavirus>

The employee has been instructed in the proper use of the following protective equipment and/or procedures:

- | | | |
|---|--|---|
| a. <input type="checkbox"/> Apron/lab coat | e. <input type="checkbox"/> Hair protection | i. <input type="checkbox"/> Radiation monitoring meters |
| b. <input type="checkbox"/> Field clothing | f. <input type="checkbox"/> Hardhat | j. <input type="checkbox"/> Respiratory protection |
| c. <input type="checkbox"/> Gloves | g. <input type="checkbox"/> Hearing protection | k. <input type="checkbox"/> Spill clean up |
| d. <input type="checkbox"/> Goggles/face shield | h. <input type="checkbox"/> Machine/equipment guards | l. <input type="checkbox"/> Other (specify: _____) |

The employee has been instructed in safe and proper ergonomic procedures and use of the following :

- | | | |
|---|--|--|
| a. <input checked="" type="checkbox"/> Chair position | c. <input checked="" type="checkbox"/> Desk position | e. <input checked="" type="checkbox"/> Lighting |
| b. <input checked="" type="checkbox"/> Computer station setup | d. <input checked="" type="checkbox"/> File cabinets | f. <input checked="" type="checkbox"/> http://safetyservices.ucdavis.edu/ |

Special precautions, instructions for use of equipment or any operations which may require special equipment not mentioned:

If this employee supervises other employees, indicate safety training this employee is responsible for providing:

Employee: Under California law, you are entitled to receive certain safety information from your employer. This includes access to Material Safety Data Sheets and information or training for any hazardous substances to which you may be exposed at work as well as copies of any medical or exposure records kept by your employer. Your personal physician and/or recognized collective bargaining agent also have the right to this information. You and your supervisor agree that the health and safety aspects of your job are reasonably represented above and that you have had an opportunity to discuss them. Should you and your supervisor not agree about any safety aspect of your job, please call EH&S at 752-1493. You may also comment on this information in the space provided below or on a separate sheet of paper.

Employee comments: _____

Supervisor's Signature _____	Date _____	Employee's Signature _____	Date _____
Print Name: _____	Phone #: _____	Print Name: _____	Employee _____