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.