University of Connecticut

EMPLOYEE SAFETY ORIENTATION
(for Non-Office Settings)

Attention Supervisors and Principal Investigators:
Please complete, review with employee and return to EH&S (Unit 4097, FAX 6-1106, or ehs@uconn.edu)
within five (5) days of employment, transfer, or change of job

Supervisors, including Principal Investigators, are responsible for notifying all newly hired personnel of the apparent or potential safety and health hazards associated with the work, and of known dangerous substances to which personnel may be exposed. Mandatory safety training may be required for some job functions. Training requirements may be found at: www.ehs.uconn.edu/training or by contacting the Department of Environmental Health and Safety at 486-3613.

To the Employee: the following substances or potential safety and health hazards may be present in your workplace. Your Supervisor is prepared to answer questions you may have about potential hazards, and will advise you of the required safe work practices, training, procedures, and other safety measures employed in your workplace. Participation in the University of Connecticut medical surveillance/monitoring program may be required for some positions. In some cases, you may be exposed to:

If no apparent hazards have been noted, check here: ☐

I. Biological Agents

☐ BL3 agents (excluding Select Agents) ☐ BL2 agents (excluding human materials) ☐ Select Biological Agents
☐ Blood, body fluids, blood products, tissues, organs, bone:
☐ *Human origin* ☐ *Animal origin*
☐ Cells harboring recombinant DNA molecules
☐ Animals:
☐ *Rodent* ☐ *Amphibian* ☐ *Canine* ☐ *Feline* ☐ *Ruminants* ☐ *Pigs* ☐ *Sheep* ☐ *Horse*
☐ *Feral animals* (list species): _____ ☐ *Other* (list species): _____
☐ Biological Toxins
☐ Toxic Plants/Seeds

II. Chemicals and Drugs -- Is this a laboratory setting? ☐ YES ☐ NO
☐ Ignitable ☐ Corrosive ☐ Reactive ☐ Toxic ☐ Cryogenic ☐ Nanoparticles
☐ Controlled Substances ☐ Carcinogens ☐ Extremely Hazardous Substances

III. Sources of Radiation
☐ Radioisotopes ☐ X-ray Machines ☐ Accelerators ☐ Lasers
☐ Other sources of radiation (please list or explain): _____

IV. Reproductive Hazards
☐ Teratogens/Mutagens ☐ Other Reproductive Hazards (please list or explain): _____

V. Industrial/Occupational Hazards
☐ Machinery ☐ Electrical Equipment ☐ Noise ☐ Confined Spaces ☐ Excavations ☐ Working from Heights
☐ Heavy Lifting ☐ Cranes/Lifts/Hoists ☐ Painted Surfaces ☐ Asbestos Materials
☐ Chemicals/Cleaners/Solvents ☐ Pesticides ☐ Harmful Mists/Dusts/Fumes/Vapors
☐ Forklifts ☐ Utility Carts ☐ Backhoes/Tractors ☐ Other Industrial/Agricultural Vehicles (list): _____
☐ Other Industrial/Occupational Hazards (list): _____

Review of the Workplace Hazard of Assessment

Supervisor/Principal Investigator: Refer to the appropriate *Workplace Hazard Assessment (WHA) Forms* for the workplace or job tasks to which the employee will be assigned. Review with the employee the information on the form, the personal protective equipment (PPE) required, and the safety training necessary for the job. **Date reviewed with employee:** _____

Blank WHA forms are available online at: www.ehs.uconn.edu/forms/WHA.php
Information about the WHA and compliance responsibilities can be found at: www.ehs.uconn.edu/docs/PPE.pdf

	I have reviewed this form with the identified employee and have provided him/her a copy:		
Supervisor/PI Name (Please print legibly)		***Supervisor/PI Signature***	***Date***

	I have reviewed this form with the identified supervisor and have received a copy:		
Employee Name (Please print legibly)		***Employee Signature***	***Date***

Employee Position/Title	***Department***	***NetID***