

Department-Specific Information Sheet : Engineering Controls

Department Name: _____
Implementation Coordinator: _____

Place a checkmark (☑) by those engineering controls that your department uses to protect employees. In the blanks that follow, write a brief description and the location where employees can find the control device.

Handwashing (water or alternate) facilities

Description: _____

Location: _____

Needle Safety Devices

Description: _____

Location: _____

Sharps Containers

Description: _____

Location: _____

Splash guards

Description: _____

Location: _____

Resuscitation masks

Description: _____

Location: _____

Biosafety cabinets

Description: _____

Location: _____