

**Department-Specific Information Sheet : WORK PRACTICE CONTROLS**

**Department Name:** \_\_\_\_\_

**Implementation Coordinator:** \_\_\_\_\_

Place a checkmark (✓) by those work practice controls that your department uses to protect employees. In the blanks that follow, write any special instructions your employees might need to follow procedures.

Hand and skin washing

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Sharps Handling

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Avoiding ingestion

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Dealing with Contaminated Equipment

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Other

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