

Instructions: Use a separate Department Specific Work Sheet for each animal species or infectious organism if necessary. Also include in this section any Departmental Infection Control SOP's.

Department-Specific Information Sheet: Engineering Controls

Department Name: _____
Departmental Coordinator: _____
Animal Species and/ or Infectious Organisms: _____

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: _____

Department-Specific Information Sheet: Work Practice Controls

Department Name: _____

Departmental Coordinator: _____

Animal Species and/ or Infectious Organisms: _____

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.

Hand and skin washing

Sharps Handling

Avoiding aerosol generation

Dealing with Contaminated Equipment

Other

Department-Specific Information Sheet: Training and Medical Surveillance

Department Name: _____
Departmental Coordinator: _____
Animal Species and/ or Infectious Organisms: _____

List the employees and the training and medical surveillance services each should receive. Each employee should sign the appropriate line indicating that they have received training and medical surveillance listed.

Employee name (please print): _____

VT ID #: _____

Training [attached roster(s) with employee names listed will fulfill this requirement]:

Medical Surveillance (please check all that apply):

- Questionnaire filled out
- Infectious agent vaccination (if available)
- Infectious agent titer
- Pulmonary function test
- Respirator fit test
- Other blood work
- Hearing test
- Examination by Occupational Health Physician
- Other medical surveillance service (please specify): _____

Signature of employee: _____