



# STEM CELL LABORATORY (STCL)



**DOCUMENT NUMBER:**

**DOCUMENT TITLE:**

**DOCUMENT NOTES:**

## Document Information

**Revision:**

**Vault:**

**Status:**

**Document Type:**

## Date Information

**Creation Date:**

**Release Date:**

**Effective Date:**

**Expiration Date:**

## Control Information

**Author:**

**Owner:**

**Previous Number:**

**Change Number:**

**STCL-GEN-012 FRM1**  
**STCL New Laboratory Employee On-Site Safety Training Checklist**

<b>Employee Name:</b> _____ <b>Employee ID #:</b> _____ <b>Department:</b> _____ <b>Supervisor / Manager Name:</b> _____ <b>Hire Date:</b> _____
--

**To the manager:** Please initial below when the employee has been instructed on the specified items. The employee should initial these items as well. If a particular item is not applicable, please indicate this by writing "N/A" in the manager block. Information concerning employee safety can be found on the OESO web page at [www.safety.duke.edu](http://www.safety.duke.edu). If you need additional information or have questions, please contact the OESO at 684-2794.

GENERAL SAFETY CONCERNS	EMPLOYEE INITIALS	MANAGER/ SAFETY OFFICER INITIALS
1. Employee is aware of the location and is familiar with the contents of the following: Duke University Safety Manual Bloodborne Pathogens Exposure Control Plan Chemical Hygiene Plan Other Safety Resources ( <i>e.g. emergency response guide, chemical safety poster, OESO brochure, etc.</i> )		
2. Employee has read and understands the departmental-specific safety policies ( <i>STCL Safety Manual</i> )		
3. Employee knows the location and can demonstrate the proper use of the following personal protective equipment (PPE) and safety equipment: Biological Safety Cabinets Gloves ( <i>including non-latex and cryogloves</i> ) Face and eye protection (goggles, safety goggles, mask/shield combination, face shield) Protective gowns/lab coats		
4. Employee knows never to eat, drink, apply cosmetics or lip balm and handle contact lenses in work areas where there is a likelihood of occupational exposure.		

<b>GENERAL SAFETY CONCERNS</b>	<b>EMPLOYEE INITIALS</b>	<b>MANAGER/ SAFETY OFFICER INITIALS</b>
5. Employee knows to report to the supervisor any accident involving personal injury or damage to equipment		
6. Employee knows procedure to complete a Report of Work-related Illness or Injury form or how to report in the Safety Reporting System (SRS)		

<b>CHEMICAL SAFETY</b>	<b>EMPLOYEE INITIALS</b>	<b>MANAGER/ SAFETY OFFICER INITIALS</b>
1. Employee is familiar with the location of Safety Data Sheets (SDS)		
2. Employee knows how to interpret the SDS hazard information		
3. Employee is aware of proper storage strategies for chemicals and location of chemical cabinet in the STCL		
4. Employee knows how to properly handle cryogenics		
5. Employee is familiar with all standard operating procedures that are associated to working with hazardous substances		
6. Employee has reviewed the chemical inventory of particularly hazardous substances in the laboratory		
7. Employee knows the location of the following emergency equipment : <div style="display: flex; justify-content: space-between; padding: 0 20px;"> <div>Eyewash Location</div> <div>Eyewash/Drench Hose Training Checklist</div> </div> <div style="display: flex; justify-content: space-between; padding: 0 20px;"> <div>Emergency shower</div> <div>Not Applicable</div> </div>		
8. Employee knows what to do in the case of a chemical spill in the work area		
9. Employee has reviewed and understands the use of the contents of spill kit when applicable		
10. Employee knows to call DU Police Department 911 (684-2794 off campus) in the event of a large chemical spill if located on campus		
11. Employee knows how to wear appropriate PPEs when handling DRY ICE and liquid nitrogen		

<b>BIOLOGICAL SAFETY</b>	<b>EMPLOYEE INITIALS</b>	<b>MANAGER/ SAFETY OFFICER INITIALS</b>
<p>1. Employee has been evaluated for his /her health review by Employee Occupational Health Services and has:</p> <p>    Been offered the hepatitis B vaccine, if employee has potential for exposure to human blood or body fluids</p> <p>    Completed PPD skin testing/evaluation for baseline, if employee has potential for exposure to TB</p> <p>    Employee knows the 24-hour hotline number to report blood or body fluid exposures occurring in the workplace. Call 115 within DUMC</p>		
2. Employee is familiar with the Duke TB isolation procedures		
3. Employee can identify materials that require disposal into the biohazard box and sharps container		
4. Employee knows location of biohazard trash bags and how to properly discard biohazard trash		

<b>FIRE SAFETY</b>	<b>EMPLOYEE INITIALS</b>	<b>MANAGER/ SAFETY OFFICER INITIALS</b>
1. Employee knows the steps to take in the event of a fire drill or fire alarm (R-A-C-E and P-A-S-S)		
<p>2. Employee has demonstrated the knowledge of/ location of the following:</p> <p>    General Duke University and laboratory specific evacuation plan</p> <p>    Fire extinguishers available to laboratory</p> <p>    Manual fire alarm</p>		
3. Employee knows what the fire alarm sounds like		
4. Employee knows his/her role in case of fire		
5. Employee knows two or more evacuation routes out of the work area		
6. Employee knows the audible fire alarm code for his/her work area		

ERGONOMIC SAFETY	EMPLOYEE INITIALS	MANAGER/ SAFETY OFFICER INITIALS
1. Employee is familiar with musculoskeletal disorders (MSDs) and knows the symptoms		
2. Employee understands the importance of early reporting of these symptoms		
3. Employee knows how to protect himself /herself from developing a musculoskeletal disorder (MSD)		
4. Employee knows how to request an ergonomic evaluation		
5. Employee knows what to do when an ergonomic-related injury occurs		
6. Employee understands which tasks may be more highly associated with developing an MSD and is aware of the related ergonomic stressors: <u>JOB TASK:</u> <u>ERGONOMIC STRESSOR:</u> _____ _____ _____ _____ (List additional tasks on the back of this page if needed)		

SAFETY TRAINING	EMPLOYEE INITIALS	MANAGER/ SAFETY OFFICER INITIALS
<p>1. Employee is familiar with accessing the OESO Safety training website.</p> <ul style="list-style-type: none"> <li>Go to <a href="http://www.safety.duke.edu">www.safety.duke.edu</a> .</li> <li>Click on On-line training tab.</li> <li>Enter Net ID and password.</li> <li>Select from the menu the required training course you need to complete.</li> <li>Basic Required Safety On-line Training list: <ul style="list-style-type: none"> <li>Ergonomics Overview</li> <li>Biosafety Level 2 Training</li> <li>Laboratory Safety – General</li> <li>Fire/Life Safety</li> <li>Bloodborne Pathogens (BBP) Training</li> <li>HIPAA Privacy&amp;Security Training for Research Non-MD</li> <li>Infection Control</li> <li>Compliance Update Training</li> </ul> </li> </ul>		
<p>2. Employee knows that on-line Safety Training courses and STCL Employee On-Site Safety Training are due yearly</p>		

<b>REMS TRAINING</b> <b>(Risk Evaluation and Mitigation Strategy)</b> (REMS) is a drug safety program that the U.S. Food and Drug Administration (FDA) can require for certain medications with serious safety concerns to help ensure the benefits of the medication outweigh its risks. CAR-T Cellular products	EMPLOYEE INITIALS	MANAGER/ SAFETY OFFICER INITIALS
<b>YESCARTA REMS Training</b> Yes    No    Not Applicable <ul style="list-style-type: none"> <li><a href="https://www.yescartarems.com/wp-content/uploads/rem-program-knowledge-assessment.pdf">https://www.yescartarems.com/wp-content/uploads/rem-program-knowledge-assessment.pdf</a></li> <li>Learning Management System module # is 00129914</li> </ul>		
<b>KYMRIAH REMS Training</b> Yes    No    Not Applicable <ul style="list-style-type: none"> <li><a href="https://www.kymriah-remska.com/">https://www.kymriah-remska.com/</a></li> <li>Learning Management System module # 00134491</li> </ul>		
Other REMS Training ( <i>for other CAR-T Programs</i> ) Yes    No    Not Applicable <hr/> <hr/> <hr/> <hr/>		

**Both manager/safety officer and employee should sign and date (upon completion) the bottom of the page. Completed document should be placed in the employee's personnel file.**

**Signatures:**

**Employee:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Safety Officer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Lab Manager:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Signature Manifest

**Document Number:** STCL-GEN-012 FRM1

**Revision:** 03

**Title:** STCL New Laboratory Employee On-Site Safety Training Checklist FRM1

**Effective Date:** 06 Jul 2020

All dates and times are in Eastern Time.

### STCL-GEN-012 FRM1 STCL New Laboratory Employee On-Site Safety Training Checklist FRM1

#### Author

Name/Signature	Title	Date	Meaning/Reason
Barbara Waters-Pick (WATE02)		20 May 2020, 05:31:55 PM	Approved

#### Management

Name/Signature	Title	Date	Meaning/Reason
Barbara Waters-Pick (WATE02)		20 May 2020, 05:32:14 PM	Approved

#### Medical Director

Name/Signature	Title	Date	Meaning/Reason
Joanne Kurtzberg (KURTZ001)		21 May 2020, 02:12:20 PM	Approved

#### Quality

Name/Signature	Title	Date	Meaning/Reason
Isabel Storch (IMS19)		26 May 2020, 11:34:07 AM	Approved

#### Document Release

Name/Signature	Title	Date	Meaning/Reason
Sandy Mulligan (MULLI026)		22 Jun 2020, 07:48:17 PM	Approved