ENROLLMENT FORM/OCCUPATIONAL HEALTH AND SAFETY PROGRAM

Name: _____ Date: _____

PLEASE PRINT (Last, First, Middle initial)

Are you an OSU employee? - CWID #: _____

If not, please explain: _____

Title: _____ Supervisor: _____

Email: _____ Department: _____

Work Phone #_____ Work Address _____

Date of Birth:_____ Gender: ◯ Male ◯ Female

Please check all of the following that apply to you:

- ☐ I work with potentially hazardous chemicals
- ☐ I work with biohazardous agents: ☐ BSL1 ☐ BSL2 ☐ BSL3
- ☐ I work with genetically engineered materials
- ☐ I have Security Risk Assessment clearance for the select agent and toxin program:(***check all that apply***)
  - ☐ I work directly with select agents and/or toxins that are infectious/toxic to humans
  - ☐ I work directly with select agents and/or toxins that are non-infectious/toxic to humans
  - ☐ I enter spaces where work is performed with select agents and/or toxins that are infectious/toxic to humans
  - ☐ I handle select agent and/or toxin packages
  - ☐ I do not enter spaces where select agent and/or toxin work is performed
- ☐ I work with radioactive materials or X-ray machines
- ☐ I work with compounds whose safety is unknown
- ☐ I work with animals: ☐ ABSL1 ☐ ABSL2 ☐ ABSL3 (***check all that apply***)
  - ☐ Amphibians, reptiles, fish
  - ☐ Birds
  - ☐ Cattle, Horses, Pigs
  - ☐ Dogs, Cats, Ferrets
  - ☐ Nonhuman primates
  - ☐ Rodents, Rabbits
  - ☐ Sheep, Goats
  - ☐ Wildlife/Other _____

To be completed by UHS

- ☐ Category I
- ☐ Category II
- ☐ Category III
- ☐ Category IV
- ☐ Category V
- ☐ Category VI
  - ☐ A
  - ☐ B
  - ☐ C
  - ☐ D

☐ Med Questionnaire on file _____ (date)
☐ Serum banked _____ (date)
☐ No medical evaluation required

Med. Provider Signature _____ Date _____

List chemical hazards, biohazards or radioisotopes you use

_____

_____

_____ _____

Employee Signature **Supervisor Signature**

Revised 9/24/2014