**Hazardous Communication**

**Compliance Checklist**

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| --- | --- | --- | --- |
| **Compliance Items:** | **YES** | **NO** | **N/A** |
| **1. Is there a list of hazardous substances used in your workplace?** |  |  |  |
| **2. Is there a current written exposure control plan for occupational exposure to bloodborne pathogens and other potentially infectious materials, where applicable?** |  |  |  |
| **3. Is there a written hazard communication program dealing with Safety Data Sheets (SDS), labeling and employee training?** |  |  |  |
| **4. Is each container for a hazardous substance (i.e., vats, bottles, storage tanks, etc.) labeled with product identity and a hazard warning (communication of the specific health hazards and physical hazards)?** |  |  |  |
| **5. Is there a Safety Data Sheet readily available for each hazardous substance used?** |  |  |  |
| **6. Is there an employee training program for hazardous substances?** |  |  |  |
| **7. Does this program include:** |  |  |  |
| * An explanation of what a SDS is and how to use and obtain one? |  |  |  |
| * SDS contents for each hazardous substance or class of substances? |  |  |  |
| * An explanation of “Right to Know”? |  |  |  |
| * Identification of where an employee can see the employer’s written hazard communication program and where hazardous substances are present in their work areas? |  |  |  |
| * The physical and health hazards of substances in the work area, and specific protective measures to be used? |  |  |  |
| * Details of the hazard communication program, including how to use the labeling system and the SDSs. |  |  |  |
| **8. Does the employee training program on the bloodborne**  **pathogens standard contain the following elements:** |  |  |  |
| * An accessible copy of the standard and an explanation of its contents? |  |  |  |
| * A general explanation of the epidemiology and symptoms of bloodborne diseases? |  |  |  |
| * An explanation of the modes of transmission of bloodborne pathogens? |  |  |  |
| * An explanation of the employer’s exposure control plan and the means by which employees can obtain a copy of the written plan? |  |  |  |
| * An explanation of the appropriate methods for recognizing tasks and the other activities that may involve exposure to blood and other potentially infectious materials? |  |  |  |
| * An explanation of the use and limitations of methods that will prevent or reduce exposure, including appropriate engineering controls, work practices and personal protective equipment? |  |  |  |
| * Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment? |  |  |  |
| * An explanation of the basis for the selection of personal protective equipment? |  |  |  |
| * Information on the Hepatitis B vaccine? |  |  |  |
| * Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials? |  |  |  |
| * An explanation of the procedure to follow if an exposure incident occurs, including the methods of reporting the incident and the medical follow-up that will be made available? |  |  |  |
| * Information on post-exposure evaluations and follow-up? |  |  |  |
| * An explanation of signs, labels and color coding? |  |  |  |
| **9. Are employees trained in the following:** |  |  |  |
| * How to recognize tasks that might result in occupational exposure? |  |  |  |
| * How to use work practice and engineering controls and personal protective equipment and to know their limitations? |  |  |  |
| * How to obtain information on the types, selection, proper use, location, removal, handling, decontamination and disposal of personal protective equipment? |  |  |  |
| * How to obtain information on the types, selection, proper use, location, removal, handling, decontamination and disposal of personal protective equipment? |  |  |  |
| * Who to contact and what to do in an emergency? |  |  |  |

Checklist Sign Off:

Name (print) Date

Signature

Title