Safety Worksheet for all Staff, Students, and Employees

For Academic Year September 1 – August 31 ____________ Date: _________________

Employee Name: ______________________________ Employee Email: ____________________________ (Required)

Employee Job Title: ____________________________ Supervisor: ________________________________

1. Do you perform work activities in a laboratory setting?
   ○ No   ○ Yes

2. Do you participate in field-based work activities?
   ○ No   ○ Yes, select one option below
   □ All of the field sites I visit are within an hour of the nearest medical facility
   □ One or more of the field sites I visit are more than an hour from the nearest medical facility

3. Do you use chemicals (i.e. ethanol) in the lab or in the field?
   ○ No   ○ Yes

4. Do you operate any motor vehicles?
   ○ No   ○ Yes, check all that apply:
   □ I drive passenger cars or trucks
   □ I drive ATV’s, snowmobiles or other off-highway vehicles (OHV)

5. Do you work at a remote site, drive a vehicle, or stay in an RV that has a fire extinguisher available?
   ○ No   ○ Yes

6. Do you work on or around the water (or ice)?
   ○ No   ○ Yes, check all that may apply:
   □ I use non-motorized watercraft (canoe, kayak, inflatable, etc.)
   □ I operate motorboats
   □ I am a Motorboat Operator Certification Course (MOCC) Instructor
   □ I work on ice covered lakes or rivers

7. Do you participate in electrofishing activities?
   ○ No   ○ Yes, check one:
   □ I am an electrofishing crew leader
   □ I assist with electrofishing sampling but never as crew leader

8. Are you a non-USGS student/staff member that may ride in a USGS vehicle or volunteer for field work?
   ○ No   ○ Yes

Note: Changes to activities during the academic year need to be assessed to update required training.  
Revised 4/2016
9. Are you involved with the use of live vertebrate animals in research?
   ☐ No    ☐ Yes

10. Are you supervising a field or laboratory crew?
    ☐ No    ☐ Yes

11. Will you be working on a computer for more than 4 hours a day on most of your work days?
    ☐ No    ☐ Yes

12. Do you use or participate in any of the field activities below?
    ☐ No    ☐ Yes, check all that apply:
    □ I operate chainsaws
    □ I operate machinery, woodworking or other power tools
    □ Other (e.g., ladder use, bear spray use, work around dams)

    Please list: ______________________________________________
    Please list: ______________________________________________

13. I will require the following training that is not listed:

Graduate Student Supervisor Signature: _________________________________

Faculty Supervisor Signature: _________________________________

   (Required)

Note: Changes to activities during the academic year need to be assessed to update required training.