

# WOC Appointment Request

(Please Print)

New Appointment   
 Extension of Appointment   
 Change of Appointment

**This section to be completed by WOC**

LAST NAME, FIRST, MIDDLE		Degree	
STREET ADDRESS		EMERGENCY CONTACT PERSON	
CITY, STATE, ZIP		EMERGENCY CONTACT PHONE NUMBER	
SOCIAL SECURITY #	DATE OF BIRTH	HOME PHONE	WORK PHONE
E-MAIL ADDRESS		CITIZENSHIP STATUS	
		<input type="checkbox"/> Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> VISA <input type="checkbox"/> Other:	
IF NON-CITIZEN, COUNTRY OF CITIZENSHIP		IF <u>NON-CITIZEN</u> , COMPLETE ATTACHED I-9 FORM	
SIGNATURE		DATE	

**This section to be completed by Principal Investigator**

POSITION TITLE	PI	PI E-MAIL ADDRESS
PROJECTS EMPLOYEE WILL BE WORKING ON:		
REQUESTED PERIOD OF APPOINTMENT (MUST BE RENEWED ANNUALLY)		
BEGINNING:	ENDING:	
POSITION FUNDED BY:	LAB ROOM #	LAB PHONE #
<input type="checkbox"/> WSU <input type="checkbox"/> UNFUNDED <input type="checkbox"/> OTHER:		
<b>POSITION SUMMARY</b>		
<input type="checkbox"/> Needs computer access (Attach access request) <input type="checkbox"/> Work involves Human Studies – directly or indirectly (Complete credentialing packet) <input type="checkbox"/> Work involves the use of animals? <input type="checkbox"/> Working involved the use of radioisotopes? (Must have radiation approval) <input type="checkbox"/> Needs access to lower level research <input type="checkbox"/> Will be requesting or purchasing supplies and/or equipment		
<b>PRINCIPAL INVESTIGATOR'S CERTIFICATION</b>		
I acknowledge that I am responsible for the return of all VA property (i.e. keys, ID badges, library material etc.) issued to the above personnel working in my laboratory at the end of this assignment. I will ensure that this individual completes annual VA Research Data Security, VHA Privacy and VA CyberSecurity Training.		
SIGNATURE OF PRINCIPAL INVESTIGATOR	DATE	PHONE NUMBER
SIGNATURE OF RESEARCH OFFICIAL		DATE
SIGNATURE OF HUMAN STUDIES CREDENTIALER (if appropriate)		DATE
<i>I have verified appropriate training and credentialing have been completed.</i>		

## RESEARCH WOC EMPLOYEE ORIENTATION CHECKLIST

EMPLOYEE NAME	PRINCIPAL INVESTIGATOR	START DATE

All research WOC personnel are required to have in-service orientation. You and your supervisor (principal investigator) must sit down and discuss the information listed on this form then sign, date and return this form to the research office (11R). This form is used to document mandatory safety and other training requirements.

<input type="checkbox"/>	<b>Research Service Safety Manual</b> <ul style="list-style-type: none"> <li>• Location</li> <li>• Annual review requirement</li> </ul>	<input type="checkbox"/>	<b>Radiation Safety Manual (if appropriate)</b> <ul style="list-style-type: none"> <li>• Annual training requirement</li> <li>• Radiation Safety Officer &amp; phone number</li> </ul>
<input type="checkbox"/>	<b>Fire Safety</b> <ul style="list-style-type: none"> <li>• Fire Emergency Plan - RACER</li> <li>• Pull Stations - location &amp; fire codes</li> <li>• Fire Extinguishers - location &amp; usage (PASS)</li> </ul>	<input type="checkbox"/>	<b>Codes (what to do – who to call)</b> <ul style="list-style-type: none"> <li>• Red</li> <li>• Blue</li> <li>• Green</li> <li>• Silver</li> </ul>
<input type="checkbox"/>	<b>Fire Drills</b> for Research space and Hospital <ul style="list-style-type: none"> <li>• Fire alarm signal</li> <li>• Horizontal Evacuation</li> <li>• Manpower pool</li> </ul>	<input type="checkbox"/>	<b>Emergency Preparedness Plan</b> <ul style="list-style-type: none"> <li>• Disaster plans (Foxtrot, Able, Golf, Bravo)</li> <li>• Service plan</li> </ul>
<input type="checkbox"/>	<b>Minimum Accessibility Requirements</b> <ul style="list-style-type: none"> <li>• Maintain a 28" corridor width</li> <li>• Storage at least 18" from sprinkler heads</li> </ul>	<input type="checkbox"/>	<b>Showers &amp; Eye Washes</b> <ul style="list-style-type: none"> <li>• Location</li> <li>• Use</li> </ul>
<input type="checkbox"/>	<b>Specific job related hazards</b> <ul style="list-style-type: none"> <li>• Gas cylinder storage and handling</li> <li>• Disposal of hazardous material</li> <li>• Chemical inventory</li> <li>• Shipment of infectious material</li> </ul>	<input type="checkbox"/>	<b>Safety equipment specific to your lab</b> including personal protection equipment <ul style="list-style-type: none"> <li>• Lab coats</li> <li>• Goggles</li> <li>• Gloves</li> </ul>
<input type="checkbox"/>	<b>MSDS Sheets</b> (Material Safety Data Sheets) <ul style="list-style-type: none"> <li>• Location</li> <li>• Use</li> </ul>	<input type="checkbox"/>	<b>Operation of equipment</b> (such as sterilizers and centrifuges) <ul style="list-style-type: none"> <li>• Location of operation Manual</li> <li>• Documented User Training</li> </ul>
<input type="checkbox"/>	<b>On-the-job injuries</b> <ul style="list-style-type: none"> <li>• Who to report to during duty hours</li> <li>• Off-tour hours</li> </ul>	<input type="checkbox"/>	<b>Who to call</b> <ul style="list-style-type: none"> <li>• When there's an equipment failure</li> <li>• For safety issues</li> <li>• When you have other concerns</li> </ul>
<input type="checkbox"/>	<b>Security</b> <ul style="list-style-type: none"> <li>• Employee identification</li> <li>• Computer security</li> <li>• Work area security</li> <li>• Information (Data) security</li> </ul>	<input type="checkbox"/>	<b>NO FOOD OR DRINKS IN LABS</b> <ul style="list-style-type: none"> <li>• No eating or drinking in labs</li> <li>• No coffee cups or pop cans on benches</li> <li>• No food in laboratory refrigerators</li> </ul> <b>VIOLATORS - THE LAB WILL BE FINED \$500</b>
<b>I CERTIFY I HAVE COMPLETED THE BIOSAFETY TRAINING AT <a href="http://www.va.gov/resdev/programs/biosafety">www.va.gov/resdev/programs/biosafety</a> ATTACHED ARE COMPLETION CERTIFICATES FOR ANNUAL VHA PRIVACY TRAINING AND VA CYBERSECURITY TRAINING.</b>			
Employee Signature:	Date:	Investigator Signature:	Date: