

Hazardous Drug Risk Acknowledgement

Name of Employee: _____

I understand working with or near hazardous drugs in health care settings may cause skin rashes, infertility, miscarriage, birth defects, and possibly leukemia or other cancers.

I understand that **Sample Pharmacy** maintains detailed policies and procedures on the proper storage, handling, transport and disposal of hazardous drugs. **Sample Pharmacy** has put in place a variety of administrative, engineering and work practice controls to reduce the risk of occupational exposure to hazardous drugs. I understand **Sample Pharmacy's** policies and procedures will be reviewed and/or amended on an annual basis and the policies and procedures seek to reflect information, standards and regulations from relevant local, state and federal regulatory bodies as well as practice standards from professional associations.

I have been provided with didactic training that reflects the policies and procedures on hazardous drugs and have been afforded the opportunity to ask questions. After completion of the training I have been required to take and successfully pass written testing. I have also had my hazardous drug handling techniques observed and documented on **Sample Pharmacy's** Hazardous Drug Competency Form. Review of hazardous drug information and competency evaluation will occur annually. I received and successfully completed this training before performing any activity associated with hazardous drugs. I understand **Sample Pharmacy's** policies and procedures and agree to comply with them at all times. I also agree that I will immediately seek out the Pharmacy Manager or my direct supervisor should a question occur during work activities.

I acknowledge that failure to follow the established policies and procedures may put me at risk of exposure to hazardous substances which can lead to acute effects such as skin rashes; chronic effects, including adverse reproductive events such as infertility, miscarriage, or birth defects; and possibly the development of cancer.

Signature of Employee Name above

Date