*Company Name*

*Company Address*

*Company City State, Zip*

*Phone Number*

*Fax Number*

# Notice of Reproductive Hazards

Point of Contact: [Name of Designated USP <800> Compliance Personnel]

By signing below I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ acknowledge that I may be exposed to

 print employee first & last name

reproductive hazards during my employment at *[enter company name]*.

Duties where I may be exposed to reproductive hazards include, but are not limited to:

*select all that apply*

[ ]  Inventory Receipt/ Inspection

[ ]  Compounding

[ ]  Inventory Transport

[ ]  Filling & Dispensing

[ ]  Administering

[ ]  Performing Patient Care Activities

[ ]  Spill Cleanup/ Sill Management

[ ]  Waste removal and disposal

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I acknowledge that I have received, read and will adhere all applicable SOPs pertaining to hazardous drugs. I acknowledge that I have received training on proper handling of reproductive hazards for all duties indicated above. Should accidental exposure occur, I understand that I must immediately report exposure to appropriate personnel following company policy and procedure

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature Date Signed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Printed Name

*This record shall be maintained in Employees HR records*