

LOS ANGELES UNIFIED SCHOOL DISTRICT
DIVISION OF ADULT AND CAREER EDUCATION
SAFETY TEST FOR PHARMACY TECHNICIAN PROGRAM

School: _____ Industry Sector: Health Science & Medical Tech.

Class: _____ Date: _____

Teacher: _____ Room: _____
(Please Print)

Your Name: _____ Phone: _____
(Last) (First)

Date of Birth: _____ Age: _____ Email: _____

Address: _____
(Street) (City) (Zip)

In Case of Accident, Notify: _____ Phone: _____

To the Student:

These instructions are an important part of training in the Pharmacy Technician program. All members of the class must observe safety rules and precautions. Habits of carelessness or of failure to follow these rules are sufficient cause for dismissal from the class.

All students are required to learn these safety rules as part of the Pharmacy Technician program. Additional specific safety instructions are taught in the classroom about the various operation of machines and other workplace equipment.

All students will be required to pass this safety examination with 100% accuracy and to sign the back page of this examination indicating that you have received these instructions.

This test must be on file in the school records for 5 years.

Directions: Mark "T" for true if the following statements are completely true or "F" for false if any part of the statement is untrue. The first statement will serve as an example:

0. Most accidents in the classroom are due to unsafe acts by people. T
1. All classroom injuries and accidents must be reported to the teacher immediately.
2. The school elevator may be used during an emergency such as fire or earthquake.
3. It is permissible to store heavy items on top of file cabinets and bookcases as long as nothing is stored within 18" of the sprinkler system.
4. Objects or materials must be passed carefully to or at another student.
5. You may lift or carry heavy boxes or equipment in school less than 25 lbs. using proper lifting techniques.

6. Any frayed cord or even the slightest shock or spark from electrical wire or connections must be reported to the instructor immediately. _____
7. When broken tools or unsafe classroom condition are found, or a machine needs repair, it is permissible to make the needed repair and then report the condition to the instructor. _____
8. Smoking on school campus is a violation of District rules and the Health Code. _____
9. Hands must be dry when handling any electrical equipment. _____
10. All four legs/wheels of the chair must be on the floor. Tilting back can cause the loss of balance. _____
11. Cytotoxic/Chemotherapeutic waste must be disposed of in a 'Chemotherapy Sharps Container' usually colored blue. _____
12. OSHA's Hazard communication Safety Data Sheets includes hazard(s) identification, composition/information on ingredients, First-Aid measures, Fire-fighting measures, accidental release measures handling and storage, exposure controls/personal protection and disposal consideration. _____

FILL IN THE BLANK

Directions: Complete the following statements by writing the appropriate word or words in the blank spaces in the right margin only.

0. Three elements required to start/maintain a fire are heat, fuel and _____ Oxygen
1. All passageways should be kept ____ from obstruction. _____
2. To prevent injuries and clutter in the classroom and pharmacy, all cupboard doors and drawers are to be kept _____
3. _____ allergy may cause allergic reactions ranging from sneezing or a runny nose to anaphylaxis, a potentially life-threatening condition. _____
4. The single most effective procedure for preventing the spread/transmission of microorganisms is _____
5. All equipment and supplies should be turned off and returned to their proper storage placement before _____
6. Carry scissors and/or sharp instruments such as needles, with the points facing _____. _____
7. Disposable _____ act as a barrier between chemicals, infectious materials and your body. _____

8. Properly discard used needles and syringes in a _____ container. _____
9. No skills tasks should be _____ unless first demonstrated and/or authorized by the instructor. _____
10. Anything spilled (pharmaceutical chemicals) on the floor or countertops, should be wiped up immediately and properly according the instructions in OSHA's _____ form _____
11. An open bottle should be labeled with the _____ contained in it _____

MATCHING

Directions: Complete the following statements by matching the appropriate letter that completes the blank space per statement

- | | |
|---|-------------------|
| 0. Hold equipment and chemicals <u>C</u> from your uniform or clothes. | A) Not |
| 1. Any class/clinical accident should be reported promptly to the _____ | B) Research |
| 2. Solution from _____ containers is never used. | C) Away |
| 3. Equipment is returned to its original place _____ after use to prevent stains and injuries. | D) Immediately |
| 4. Personal cell phone use is _____ allowed in classroom (no calls/texting, etc.) | E) Prohibited |
| 5. "Clean" refers to those areas that are _____, but not sterile. | F) Never |
| 6. Computers are used as a _____ tool. | G) Unlabeled |
| 7. Unauthorized use of the internet is strictly _____. | H) Reported |
| 8. Harassment of a fellow student should be immediately _____ to the instructor. | I) Uncontaminated |
| 9. Patient Protected Health Information (PPHI), such as personal and medical information should _____ be disposed of in the regular trash bin | J) Instructor |

Student

Instructor

THIS IS TO CERTIFY that I have received instructions on safety precautions in my Pharmacy Technician class.

The teacher demonstrated to me how to use tools, equipment and chemicals safely and correctly. I will observe all safety precautions. If ever in doubt regarding any operations, I will obtain the necessary information from my teacher.

THIS IS TO CERTIFY that

_____ (name of student)

has been given safety instructions in my class.

I demonstrated the proper use of tools, equipment and chemicals in the class and this student passed this written safety test with 100% accuracy.

_____ (Student Signature)

_____ (Date)

_____ (Teacher Signature)

_____ (Date)