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|  **Registration Form for New Agents** **Research centre: *(please specify) (See instructions on completing this form)*** Version: **V15** |

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| **1. Personal information**[ ]  Mr [ ]  Ms Family name: Given name: Date of birth: Tel: Email: Site(s): Unit: Building(s): Grade: Employment start date: Have you worked at INRAE previously?: Yes [ ] Status: [ ]  INRAE employee [ ]  Employee of other government agency [ ]  Employee of other organisation/company [ ]  INRAE contractor Length of contract: [ ]  ≥ 3 months [ ]  < 3 month  [ ]  Intern Length of internship: [ ]  ≥ 3 months [ ]  < 3 months**Staff number and title of post:**   |

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| **2. Work site(s)**

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| [ ]  Office | [ ]  Laboratory | [ ]  Testing/Research facility: …………………………… |
| [ ]  Workrooms, outdoor facility | [ ]  Other(s): ……………………………… |   |

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| **3. Major work-related risk factors**

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| **Transport** | [ ]  light-duty vehicles | [ ]  bicycle | [ ]  public transport |
|  | [ ]  overseas missions | [ ]  other: …………………………………. |  |
| **Physical** | [ ]  electricity | [ ]  vibrations  | [ ]  manual/mechanical labour |
|  | [ ]  work with pressure equipment | [ ]  work at height | [ ]  machines/tools |
|  | [ ]  on-screen work (computer, tablet) | [ ]  machine operation (lifting equipment, farm machinery, drones) |
|  | [ ]  microscopes  | [ ]  on-call duty | [ ]  lone work |
|  | [ ]  shift work | [ ]  night work | [ ]  environmental conditions (brightness, noise, temperature, dust, etc.) |
|  | [ ]  repetitive gestures, awkward postures [ ]  fire/heat |
| **Radiation** | [ ]  non-ionising (MRI, lasers, etc.) | [ ]  ionising (radioactivity) |  |
| **Chemical** | [ ]  phytosanitairy products[ ]  liquid nitrogen, dry ice | [ ]  nanomaterials [ ]  other hazardous chemical products | [ ]  carcinogens, mutagens, reproductive  toxicants |
| **Biological** | [ ]  contact with animals/plants/insects | [ ]  proximity work with biological agents; please specify: ………………….  |
| [ ]  handling pathogens (bacteria,  viruses, prions, parasites, etc.)  | [ ]  handling human biological samples  | [ ]  handling cell cultures, animal samples, GMOs, spores  |
| **Other(s)**: ………………………………………………………………………………………………………………………………………………………….  |

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|  **4.****Preventative measures to manage common health and safety risks: Have you received training on, or been notified of:**How to access workplace health and safety materials? (*Document Unique*, *EvRP, PREVENTEO,* others) [ ]  Yes [ ]  NoHealth and safety rules and procedures? (traffic safety, fire safety, waste separation, etc.) [ ]  Yes [ ]  No Point(s) of contact for workplace health and safety at your Centre? (risk management service, medical service, *F3SCT*, etc.) [ ]  Yes [ ]  No Point(s) of contact for workplace health and safety at your Unit? (AP, SST, RPC, evacuation monitor, SME) [ ]  Yes [ ]  No What to do in case of an accident/incident/spill/etc.? (internal emergency plan, emergency protocols and equipment, etc.) [ ]  Yes [ ]  No Centre/Unit rules and procedures? [ ]  Yes [ ]  No Location of the workplace health and safety manual? (*RSST*) [ ]  Yes [ ]  No Location of the imminent and serious dangers manual? (*RDGI*) [ ]  Yes [ ]  No How to access the whistleblower service for public health and environmental concerns? (RASPE) [ ]  Yes [ ]  No E-learning module, *Risk and Risk Prevention for New Agents*?(see Annex) [ ]  Yes [ ]  No  |

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| **5. Preventative measures to manage health and safety risks in your workplace: Have you received training on, or been notified of:** Your workstation (related tools, and risks associated with your post, required procedures) [ ]  Yes [ ]  No [ ]  Not applicableProcedures for storing, use and disposal of chemical products [ ]  Yes [ ]  No [ ]  Not applicableLocation of Safety Data Sheets (SDS) [ ]  Yes [ ]  No [ ]  Not applicableLocation and use of collective protection equipment (fume cupboard, BSC, etc.) [ ]  Yes [ ]  No [ ]  Not applicableLocation and use of personal protective equipment (PPE) [ ]  Yes [ ]  No [ ]  Not applicableWaste disposal procedures (separation, traceability, etc.) [ ]  Yes [ ]  No [ ]  Not applicableEnvironmental protection procedures (pollution abatement, best practices, etc.) [ ]  Yes [ ]  No [ ]  Not applicable |

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| **6. Required training**

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| [ ]  Radiation protection — Coordinator (CRP) | [ ]  Radiation protection — User | [ ]  Autoclave use |
| [ ]  Machine operation (including drones)  | [ ]  Animal testing; please specify: ……..  | [ ]  Use of phytosanitary/biocide products |
| [ ]  Electrical certification; please specify: ….. | [ ]  First-aid representative | [ ]  Evacuation monitor |
| [ ]  Health and Safety Monitor  | [ ]  Use of fire extinguisher | [ ]  Other, please specify:  |

If you have previously received training in any of these areas, please note them here:  |
| **7. Workplace health and safety documents provided:** ……………………………………………………………………………………………………… |

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| **New Hire** | **Health and Safety Monitor** | **Direct supervisor** | **Unit Director** |
| Family name, given name:Date / / | Family name, given name:Date / / | Family name, given name:Date / / | Family name, given name:Date: / / |

**Submit this document to**: ……………………………………………..(please specify)

**INSTRUCTIONS ON COMPLETING THIS FORM**

**Overview**

For people returning after an extended period of leave, or who are assuming their duties at INRAE for the first time, INRAE assesses its workplace risk factors on a regular basis.

Pursuant to workplace regulations in France ([Article L. 4141-1 et seq. of the French Labour Code](https://www.legifrance.gouv.fr/affichCode.do;jsessionid=4A173FFD016A84115D533DD6BE32B8DD.tplgfr36s_1?idSectionTA=LEGISCTA000006178070&cidTexte=LEGITEXT000006072050&dateTexte=20080501)), employers must ensure that you have received information on workplace health and safety **prior to the start of your duties**, and ensure that your workplace is safe for you and for others.

This form serves as a record of the information you have received on workplace health and safety, workplace risks, and emergency plans and protocols.

**1. Administrative information**

**This part of the form is to be completed by the Unit manager.** It serves to identify you and the work site(s) where you will exercise your duties, your status and your job title.

**2. Work site(s)**

**The remainder of the form is to be completed by your Unit’s health and safety monitor and your direct supervisor.**

It is important to identify they type(s) of work site(s) where you will exercise your duties. Under “Research facility”, you must specify the type of facility, such as a workshop, outdoor facility, confined space, greenhouse, etc. If you use the “Others” category, please provide further information.

Your duties may involve multiple worksites. Please check all that apply.

**3. Major work-related risk factors**

Your duties may expose you to risk. Please identify the work-related risk factors associated with your duties in this section.

Under “Transport”, “light-duty vehicle” includes all types of vehicles, including a personal automobile or other service vehicle.

Under “Physical risk”, “environmental conditions” include fine particles, smoke, etc. “Machines/tools” includes prototypes. “Fire/heat” includes the use of Bunsen burners, blowtorches, gas hobs, grinding machines, etc.

If you use the “Others” category, please provide further information.

Please check all risks associated with your work duties.

**4. Preventative measures to manage common health and safety risks**

Prior to assuming your duties, it is important to ensure that you are aware of common workplace health and safety risks, and that you have received the necessary training on how to deal with these risks.

“Rules and procedures” refers to information on emergency assembly points, emergency exits, emergency procedures, processes, etc., at your work site(s).

Each Unit makes relevant workplace health and safety information available to all agents working there.

**5. Preventative measures to manage health and safety risks in your workplace:**

There will be specific workplace health and safety procedures associated with your work site. It is important that you are aware of them.

**6. Required training**

This section deals with the necessary training required to exercise your work duties. Please use “Others” for any necessary training that is not listed, such as training for work with lasers.

Please check all that apply.

**7. Workplace health and safety documents provided**

If you have been provided with workplace health and safety documents, please list them here.

**Recordkeeping**

This form must be kept in your personnel file in your Centre’s human resources department for a period of 50 years.

**Annexe: e-Learning**

This form must be completed if your Unit uses e-learning as a part of its training process for agents assuming their duties. Once the e‑learning has been completed, the form will be added to your personnel file in your Centre’s human resources department.

**Glossary of acronyms**

**AP**: Workplace health and safety monitor

**F3SCT** : Occupational Health and Safety Committee

**CRP** : Radiation protection coordinator

**BSC**: Biological safety cabinet

**PUI**: Internal emergency plan

**SME**: Environmental management systems coordinator

**SSE**: Workplace health and safety

**SST:** First-aid representative

**TMS**: Muscular-skeletal injuries

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**Research centre : *(please specify)***

**Annexe**

**Risk and Risk Prevention e-Learning for New Agents**

<https://elearning.formation-permanente.inrae.fr/course/view.php?id=430>

Your workplace health and safety monitor will determine the required e-learning modules based on the risks associated with the your role.

**Required modules**(to be completed by the AP)**Completed Modules**

 ((to be completed by new agent)

**1. Introduction: Using the e-learning system**

* Navigating the e-learning system (4 min)
* Navigating e-learning modules (2 min)

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**2. INRAE and risk prevention: Why? How?**

* What is risk prevention? (10 min)
* Roles and responsibilities (8 min)
* Risk prevention training and materials (6 min)

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**3. INRAE and risk prevention: Common risks**

* Road risks (9 min)
* Electrical equipment and associated risks (4 min)
* Work at height (4 min)
* Travel and transport (6 min)
* Manual labour and Muscular-skeletal injuries (6 min)
* Lone work (3 min)
* Waste management (4 min)
* General emergency procedures (3 min)

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**4. Work-specific risks: Laboratories**

* Using chemical products in a lab (13 min)
* Panic in the lab (13 min)
* Biological agents (10 min)

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**5. Work-specific risks: Research facilities**

* Workrooms (7 min)
* Working with phytosanitary products (8 min)
* Livestock (8 min)
* Agricultural machinery (5 min)

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**6. Work-specific risks: Offices**

* Offices (10 min)

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Once the modules have been completed, the new agent should tick the boxes in the Completed Modules column, then return this form to the health and safety monitor.

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| **New Agent** | **Health and Safety Monitor** | **Direct supervisor** | **Unit Director** |
| Family name, given name:Date / / | Family name, given name:Date / / | Family name, given name:Date / / | Family name, given name:Date: / / |

This document is to be kept in the agent’s personnel file the Human Resources Department of the Centre where he/she works.