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

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| **3. Major work-related risk factors**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **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  No  Health 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 applicable  Procedures for storing, use and disposal of chemical products  Yes  No  Not applicable  Location of Safety Data Sheets (SDS)  Yes  No  Not applicable  Location and use of collective protection equipment (fume cupboard, BSC, etc.)  Yes  No  Not applicable  Location and use of personal protective equipment (PPE)  Yes  No  Not applicable  Waste disposal procedures (separation, traceability, etc.)  Yes  No  Not applicable  Environmental protection procedures (pollution abatement, best practices, etc.)  Yes  No  Not applicable |

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| **6. Required training**   |  |  |  | | --- | --- | --- | | 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)

**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)

**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)

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

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

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

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

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

* Offices (10 min)

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.