Cytotoxic FACT Sheet Staff Training Record

Section 1- Staff member’s certification

I the undersigned confirm having received and read the “Cytotoxic FACT sheet” including information about:

What are cytotoxic drugs?
How might I be exposed?
How do I recognise cytotoxics at my facility?
What is cytotoxic waste?
PPE to be worn when handling cytotoxic waste and cytotoxic drugs regardless of dose or route
How do I decrease my risk of exposure?
What do I do if I am personally exposed?
What do I do to manage a cytotoxic spill?

Last Name       First Name
Department         Facility
Payroll Number      Stream (eg Admin)
Signature       Date

Section 2- Line manager certification

I confirm the above named staff member has been provided with the “Cytotoxic FACT sheet” covering the above

Last Name       First Name
Position       Title
Signature       Date

Please forward this form to your designated data entry person for addition of training records to the Mandatory Training Register. This record must be kept with Department/Service Line of origin, in the building in a locked metal filing cabinet or in electronic form.