**Drug Hazard Assessment Certification Form**

**Patient Name/DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Assessment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Hazardous Drug Name: Generic & Brand:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­\_\_\_\_\_\_\_**

**Preparation Method for Resident (crushed, split, liquid, etc.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PPE (Personal Protective Equipment) required when passing med:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Use a separate sheet for each hazardous drug.**

**Place a copy of this sheet in the resident MAR and in the negotiated care plan.**