

NEW EMPLOYEE SAFETY TRAINING CHECKLIST

Employee _____	Supervisor _____	Trainer _____
Position _____	Department _____	Title _____
Number _____	Title _____	Date/Time _____

POSITION CLASSIFICATION

Will your essential job functions include any of the following (if YES to any, please contact the EHS Manager at x3763).

Potential Exposures

Potential use of chemicals other than nominal quantities of standard retail products?	<input type="checkbox"/>
Potential exposure to blood or other pathogenic bodily fluids, human or animal?	<input type="checkbox"/>
Potential use of radiological chemicals, materials or equipment?	<input type="checkbox"/>
Potential exposure to disturbed asbestos-containing materials or lead-based paint?	<input type="checkbox"/>
Potential production, handling or management of classifiable hazardous, universal, or biomedical wastes?	<input type="checkbox"/>
Potential exposure to excessive levels of noise or airborne dusts, fumes, or gases?	<input type="checkbox"/>

Physical Hazards

Regular use of personal protective equipment such as gloves, masks, or glasses?	<input type="checkbox"/>
Regular access into classifiable confined spaces to perform work?	<input type="checkbox"/>
Regular access to hazardous levels of electrical or mechanical energy?	<input type="checkbox"/>
Regular access to roofs or other elevated areas to perform work?	<input type="checkbox"/>
Regular use of heavy mechanical equipment such as manlifts, forklifts, plows, or landscaping equipment?	<input type="checkbox"/>
Regular lifting, moving, and handling of materials or containers in excess of 30 pounds?	<input type="checkbox"/>

Workplace Operations

Anticipated use of a computer workstation for more than four hours of any work day?	<input type="checkbox"/>
Anticipated use of College vehicles or boats for work-related purposes?	<input type="checkbox"/>
Anticipated use of unique materials or equipment of a potentially hazardous nature?	<input type="checkbox"/>

GENERAL SAFETY REVIEW

Please confirm that your Supervisor or Trainer has provided you with the following information and/or demonstrations:

Procedures for properly reporting, documenting, and receiving treatment for a workplace injury	<input type="checkbox"/>
Procedures for responding to a workplace emergency, including fire, injury, power outage, or public disturbance	<input type="checkbox"/>
Location and use of fixed and portable fire extinguishers and alarm pull stations	<input type="checkbox"/>
Review of fire/emergency escape routes and assembly points	<input type="checkbox"/>
Location and use of the workplace first aid kit	<input type="checkbox"/>

WORKPLACE SAFETY REVIEW

Please confirm that your Supervisor or Trainer has identified and discussed the following workplace-specific hazards:

1. _____	<input type="checkbox"/>
2. _____	<input type="checkbox"/>
3. _____	<input type="checkbox"/>
4. _____	<input type="checkbox"/>
5. _____	<input type="checkbox"/>

WORK NOTES TO EMPLOYEE

I (THE EMPLOYEE) HAVE REVIEWED AND UNDERSTOOD THE ABOVE-REFERENCED SAFETY ISSUES.

Name _____	Signature _____	Date _____
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