

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?
 Potential exposure to blood or other pathogenic bodily fluids, human or animal?
 Potential use of radiological chemicals, materials or equipment?
 Potential exposure to disturbed asbestos-containing materials or lead-based paint?
 Potential production, handling or management of classifiable hazardous, universal, or biomedical wastes?
 Potential exposure to excessive levels of noise or airborne dusts, fumes, or gases?

Physical Hazards

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

Workplace Operations

Anticipated use of a computer workstation for more than four hours of any work day?
 Anticipated use of College vehicles or boats for work-related purposes?
 Anticipated use of unique materials or equipment of a potentially hazardous nature?

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
 Procedures for responding to a workplace emergency, including fire, injury, power outage, or public disturbance
 Location and use of fixed and portable fire extinguishers and alarm pull stations
 Review of fire/emergency escape routes and assembly points
 Location and use of the workplace first aid kit

WORKPLACE SAFETY REVIEW

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

1. _____
 2. _____
 3. _____
 4. _____
 5. _____

WORK NOTES TO EMPLOYEE

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

Name _____ Signature _____ Date _____