

## NEW EMPLOYEE SAFETY ORIENTATION & TRAINING CHECKLIST

**Full-Time Employees:** Supervisors and/or Safety Committee Coordinator to review with new hire. Completed form to be sent to HR department for further processing and training assignments within one week of new hire start date.

**Part-Time Employees:** Supervisors and/or Safety Committee Coordinator to fill out and review with new hires, forward to Payroll for further processing and training assignments.

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

E-mail: \_\_\_\_\_ RED ID #: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Department: \_\_\_\_\_

**Safety Orientation Topics**

**Injury & Illness Prevention Program**

- Discussed "Report of Unsafe Condition or Hazard" Form
- Employee has received and signed "Code of Safe Practices"
- Reporting of Work-Related Injuries
- Safety Committee – Area coordinator, roles, responsibilities, etc.
- SDS Data Sheets and Information
- Chemical Safety & Personal Protective Equipment
- Location of IIPP

**General Safety Information**

- Location of Safety Postings
- Location of Automatic External Defibrillator (A.E.D.)
- Ergonomic Work Station
  - Overview of RMIs (Repetitive Motion Injuries)
  - Proper Lifting
  - Safe work practices
  - Workstation evaluations
- Uniforms & Attire
  - Discuss appropriate attire
  - Discuss appropriate footwear
- Driving Safety (if applicable)
  - Enroll in DMV Pull Program
    - Yes
    - No
- Other \_\_\_\_\_
- Other \_\_\_\_\_

**Fire Safety, Emergency & Disaster Preparedness**

- Designated evacuation assembly points
- Emergency Action Plan
- Emergency escape routes
- List of emergency phone numbers
- Types of fires
- Types of fire extinguishers
- Location of fire alarms
- Locations and use of fire extinguishers

**Certifications Required\* (if applicable)**

- Fire extinguisher
- CPR
- First Aid
- Automatic External Defibrillator
- First Aid
- Department of Boating & Waterways
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Mandatory Trainings\* (Training modules to be assigned by area department and/or HR department based on items marked below.)**

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Sexual Harassment (Supervisors only) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Computer Security Awareness          | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Defensive Driving                    | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Golf Cart                            | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Bloodborne Pathogen                  | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Ladder                               | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hand Cart/Dolly                      | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Proper Lifting                       | <input type="checkbox"/> Other _____ |

**Record of Safety Orientation Training**

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Trainer/Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

\* Copies of certifications and completed trainings must be sent to the HR department for tracking and placement in employee file.