

# NEW EMPLOYEE SAFETY ORIENTATION TRAINING CHECKLIST

(To be completed by employee & supervisor; return to Payroll)

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

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

## ALL EMPLOYEES WILL BE TRAINED ON THE FOLLOWING TOPICS:

### **The Injury & Illness Prevention Program (IIPP)**

- Discussed "Report of Unsafe Condition or Hazard" Form
- Employee has received "Code of Safe Practices" and forwarded signed acknowledgement to Payroll.
- Informed of the duties and responsibilities of Safety Officers, Safety Committees, Management and Employees.
- Material Safety Data Sheets (MSDS) 800-451-8346
- Chemical Safety / Personal Protective Equipment (P.P.E.)
- Location of Safety Manual (Injury & Illness Prevention Plan)
- Reporting of Work-Related Injuries (3-step process)

### **Fire Safety, Emergency & Disaster Preparedness**

- Designated Evacuation Assembly Points
- Emergency Action Plans
- Emergency escape routes
- List of emergency phone numbers
- Types of fires
- Types of fire extinguishers

### **Locations**

- Location of fire alarm
- Location of Safety Postings
- Locations and use of fire extinguishers
- Location of Automatic External Defibrillator (A.E.D.)
- Location of natural gas shut-off

### **Certifications** (if applicable)

- Fire Extinguisher
- CPR
- Automatic External Defibrillator (A.E.D.)
- First Aid

### **Ergonomics Program**

- Overview of RMLs (Repetitive Motion Injuries)
- Proper lifting
- Safe work practices
- Workstation evaluation

### **Uniforms / Attire**

- Discuss appropriate attire
- Discuss appropriate footwear

### **Other Required Training**

- Hazard Communication
- Bloodborne Pathogen
- Ladder
- Hand Cart / Dolly
- List: \_\_\_\_\_
- List: \_\_\_\_\_
- List: \_\_\_\_\_
- List: \_\_\_\_\_

### **Record of Safety Orientation Training**

Signature of Trainer \_\_\_\_\_ Date \_\_\_\_\_

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

**Forward signed copy to Payroll to be placed in Employee's Personnel File**