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/Return to Work
- ☐ Safety Committee – Area coordinator, roles, responsibilities, etc.
- ☐ SDS Data Sheets and Information
- ☐ Chemical Safety & Personal Protective Equipment
- ☐ Location of IIPP

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

General Safety Information

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

- ☐ Other_____
- ☐ Other_____

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.)*

- ☐ Sexual Harassment (Supervisors only)
- ☐ Computer Security Awareness
- ☐ Defensive Driving
- ☐ Golf Cart
- ☐ Bloodborne Pathogens
- ☐ Ladder
- ☐ Hand Cart/Dolly
- ☐ Proper Lifting

Heat Illness Prevention

Nonviolent Crisis Intervention (CPI)

- ☐ Other_____
- ☐ Other_____
- ☐ Other_____
- ☐ Other_____
- ☐ Other_____
- ☐ Other_____
- ☐ Other_____
- ☐ 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.*