



New Employee Safety Orientation Form

Employee Name:	Date hired:	Orientation date:
Job Title:	Unit Name:	
check one: <input type="checkbox"/> New employee <input type="checkbox"/> Transfer <input type="checkbox"/> Rehire <input type="checkbox"/> Part time <input type="checkbox"/> Temporary		

Check items covered:

- Total Safety Program
 - Safety committee, safety meetings, names of safety committee representatives
 - Safety policies and procedures
 - Hazard notification procedure
 - Environmental Health & Safety Coordinator (LAB II, Rm 1254; 867-6111)
- Accident Reporting
 - Report all accidents to supervisor immediately
 - Ensure that supervisor completes Injury Illness Report Form for all accidents
- First Aid
 - Names of first aid trained employees
 - Location of first aid kits
 - Location of other emergency equipment (eyewash, showers)
 - How to summon medical aid
- Emergency Action Plan
 - What to do in the event of fire, earthquake, chemical spill and other emergencies
 - Building evacuation procedures
 - Location of exits, evacuation routes, and designated evacuation location
 - Location of fire alarm pull stations and fire extinguishers
 - How to summon emergency aid
- Personal Work Habits
 - Proper lifting techniques
 - Office ergonomics
 - Good housekeeping
 - Avoiding slips and falls
 - Indoor air quality policy
 - Smoking policy
- Potential Hazards on the Job
 - Identification of job specific hazards and how to minimize hazards
 - Assigned Personal Protective Equipment – care, use, limitations
- On the Job Training (list)
 - Equipment specific training: _____
 - Task training: _____
 - Regulatory training: _____

I instructed the employee on the items checked	Signature:	Date:
I received training on the items checked	Signature:	Date:

Please complete the first day of employment and file in employee's unit personnel file