Appendix B  EMPLOYEE SAFETY TRAINING CHECKLIST

Employee:____________________________________Job Title:____________________________________

Department:__________________________________Employment or Job Date:_________________

Immediate Supervisor:______________________________

The following items are to be reviewed with the employee and checked off by the supervisor. When reviewing the checklist after 60 days, the supervisor should note items where additional information or training needs to be provided.

I. PROPER SAFETY ATTITUDE - “Most Important Item”

II. PERSONAL PROTECTIVE EQUIPMENT
   _____ Safety Glasses - Importance of Safety Shields
   _____ Gloves
   _____ Respirators
   _____ Additional Protective Equipment
   _____ Personal Clothing and Hygiene
   _____ Special Equipment for Your Job
      1. ______________________
      2. ______________________

III. INJURIES
   _____ Reporting Requirements- notify supervisor immediately
   _____ First Aid Stations
   _____ Response to Personal Injuries
   _____ Injuries requiring First Aid
   _____ Eye - Explain Flushing Technique and NO RUBBING
   _____ Fingers - Cutting Tools, Pinch Points
   _____ Back Injuries - Explain Proper lifting and Getting Help
   _____ When the Load's too Large or Awkward
   _____ Slipping and Tripping Hazards - Keep Your Work Place Clean

IV. WHEN AN INJURY HAPPENS
   _____ Follow Procedures for filing a Workers’ Compensation Claim (see attached)
   _____ Use wallet card provided to call Company Nurse Injury Hotline (see attached)
   _____ All accidents have to be reported immediately
   _____ All accident investigation/documentation has to be completed within 24 hours

V. EMERGENCY RESPONSE PLANS
   _____ Building Evacuation Procedures
   _____ Exits
   _____ Alarm System
   _____ Fire Extinguishers
   _____ Fire Alarm Pull Stations
   _____ Severe Weather
   _____ Emergency Guidebook

VI. MATERIAL SAFETY DATA SHEETS
   _____ Explain Right-to-Know Law
   _____ Show Where MSDSs Are Stored
   _____ Explain How to Use MSDSs
   _____ Employee has reviewed the MSDS Book for Their Area
VII. **EQUIPMENT OPERATIONS AND USE**
- Safe Operating Procedures
- Preventive Maintenance/ Inspection
- Machine Guarding

VIII. **SECURITY**
- Confidential, Proprietary & Restricted Information
- Computer Information Security
- Building Security
- Parking
- Reporting Security Incidents
- Restricted Areas

IX. **SAFETY PRACTICES**
- Safety Lifting Techniques/ Back Safety
- Fire Extinguishers
- Eyewashes/ Showers/ Alarms
- Safety Meetings
- Labeling and Storage of Chemicals
- Hazardous Waste Control
- Eating/ Drinking Areas
- Do Not Use Your Hands to Pull Objects from a Machine Lock Out Tug Out
- Do Not Use an Air hose to Blow Off Dust from Body
- Do Not Step Up On Anything Not Designed For a Step Up

X. **HOUSEKEEPING**
- Follow Area Housekeeping Standards
- Review Departmental Housekeeping Standards

**COMPLETION OF ORIENTATION**

Initial Orientation: ____________________________   __________________________
Employee Signature            Date

___________________________________________   __________________________
Supervisor Signature            Date

60 day Review: ____________________________   __________________________
Employee Signature            Date

___________________________________________   __________________________
Supervisor Signature