

New Employee Safety Orientation Checklist

Date: _____

Employee Name: _____

Job Duties: _____

Supervisor or Trainer Name: _____

Employee Responsibility for Safety including:

- No employee should undertake a job until he/she has received instructions on how to do it properly and safely,
- No employees should undertake a job that appears to be unsafe,
- No employee should use chemicals without fully understanding their toxic properties and without the knowledge required to work with them safely in accordance with our Hazard Communication Program,
- No employee should engage in horseplay or unsafe behavior,
- Mechanical safeguards must always be kept in place,
- Employees are to report to a superior or designated individual any unsafe conditions encountered during work. Reports may be made anonymously by using the *Notification of Safety Hazard* form (copy provided),
- Personal protective equipment must be used when and where required, and properly maintained.
- Any work-related injury or illness suffered, however slight, must be reported to management at once.,

Review of the Injury and Illness Prevention Program

Review of the Infectious Disease Preparedness and Response Plan

Review of General Safety Rules

Review of Job-Specific Safety Rules

Review the Fire Prevention Plan

Review the Emergency Action Plan

Review of the Hazard Communication Program including the employee's right:

1. To personally receive information regarding hazardous substances to which they may be exposed,
2. For their physician or collective bargaining agent to receive information regarding hazardous substances to which the employee may be exposed according to provisions of this section;
3. Against discharge or other discrimination due to the employee's exercise of the rights afforded pursuant to the provisions of the Hazardous Substances Information and Training Act

Review Medical Care for Industrial Injuries

Review Injury Reporting Procedures

Comments _____

THIS IS TO CERTIFY that I have completed the New Employee Safety Orientation including all of the elements checked above. I understand my responsibility for safety in the workplace and am familiar with the organization's Illness and Injury Prevention Program.

Employee Signature

Supervisor or Trainer Signature

cc: Employee Personnel File