



## ***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*