

APPENDIX B-1
(NEW) EMPLOYEE TRAINING CHECKLIST
- GENERAL SAFETY -

This form is to be completed by the supervisor.

Employee Name: _____ Job Title: _____ Hire Date: _____

Supervisor Name: _____ Job Title: _____

Under the Injury and Illness Prevention Program, supervisors are responsible for training employees in safe work procedures and for documenting this training. Training can occur on an individual or group, formal or informal basis. The supervisor and employee should review this form upon hire, when given a new assignment and when new hazards become evident.

Please check below all that have been reviewed:

Location of Department Safety Binder:

- _____ Location of Department Safety Binder (maintained by Dept. Safety Coordinator)
- _____ The binder should have the following:
 - _____ University Policy on Environmental Health & Safety
 - _____ Injury & Illness Prevention Program
 - _____ Campus Emergency Operations Plan
 - _____ Department Emergency Operations Plan (Department-specific)
- _____ General occupational hazards in the work area and procedures/hazards specific to the individual's job. (Provide date of training)
- _____ Ergonomics and computer use
- _____ Back safety (lifting procedures, bending, pushing/pulling, posture)
- _____ Accident & Injury Reporting Procedures
- _____ Hazard Reporting Procedures (Hazard Identification Form - Appendix D of Injury & Illness Prevention Program)
- _____ Trip hazards (loose carpeting, open file drawers, obstacles, spills)
- _____ Electrical Safety/extension cords
- _____ Location and use of fire extinguishers
- _____ Emergency procedures (evacuation route, emergency assembly points, notification procedures, first aid supplies, etc.)
- _____ Fire hazards (no combustibles near exits/doors, hallway bulletin board policy, no storage in exit aisles or corridors, etc.)
- _____ Seismic hazard reduction (shelving, cabinets and bookcases secured, no overhead storage of heavy items, etc.)
- _____ Chemical hazards in work area; use and location of Material Safety Data Sheets

(MSDSs)

- _____ Proper use and maintenance of personal protective equipment (gloves, goggles, etc.)
- _____ Proper labeling of hazardous products in the workplace
- _____ Smoking policy
- _____ Asbestos hazards and notification of asbestos in building (if exists)

Other special precautions, instructions for special operations, equipment, and emergency procedures unique to workplace:

Name of Department Safety Coordinator: _____

I understand this training and agree to comply with safe work practices.

(Employee's signature)

(date)

(Supervisor's signature)

(date)