

APPENDIX B-3
EMPLOYEE TRAINING CHECKLIST
- SHOP SAFETY -

To be completed by Supervisor

Employee Name: _____ Job Title: _____

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 (followed by location in shop):

Safety Manual

_____ Location and contents of Shop Safety Manual
(the following are included therein):

- _____ Employee Rights and Responsibilities
- _____ Injury & Illness Prevention Program
- _____ Role & Identity of Dept Safety Coordinator
- _____ Hazardous Substances specific to shop and location and use of Material Safety Data Sheet
- _____ Department Emergency Operations Plan, (Dept-specific)
- _____ Hazard Identification Form (Appendix D of Injury & Illness, Prevention Program)
- _____ Accident and Injury Reporting Procedures

Location of:

- _____ Health & Safety Information [maintained by department Safety Coordinator(s)]
- _____ Code of Safe Work Practices

The employee has been trained in the handling of the following materials, if applicable to job:

- | | |
|-----------------------------|------------------------------------|
| _____ Compressed gas/air | _____ Toxic metals (cadmium, etc.) |
| _____ Irritants/sensitizers | _____ Corrosives |
| _____ Strong oxidizers | _____ Hazardous waste |
| _____ Organic solvents | _____ Metalworking Fluids |
| _____ PCBs | _____ Flammables/explosives |

_____ Carcinogens/mutagens/teratogens _____ Wood Dusts
_____ Strong acids/bases _____ Asbestos
_____ Fiberglass

Other: _____

The employee has been instructed in the proper use and/or care of the following protective equipment and/or procedures, if applicable to job:

_____ Goggles, face shields	_____ Specialized electrical equip.
_____ Seismic safety	_____ Safety shoes
_____ Lockout/tagout	_____ Ladder safety
_____ Gloves	_____ Chemical labeling and signs
_____ Forklift operation	_____ Respirators, dust masks
_____ Welding/soldering/brazing	_____ Confined space
_____ Ear plugs, muffs	_____ Painting operations
_____ Emergency equipment	_____ Use of hand/power tools
_____ Back safety (lifting procedures)	_____ Emergency exits
_____ Use of shop/industrial machinery	
_____ Machine/equip. guards	_____ Evacuation sites

Other: _____

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

Employee's Signature

Date

Supervisor's Signature

Date

Please provide Department Safety Coordinator with a copy of this form.