# NEW EMPLOYEE SAFETY TRAINING CHECKLIST

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<thead>
<tr>
<th>Employee</th>
<th>Supervisor</th>
<th>Trainer</th>
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<tr>
<td>Position</td>
<td>Department</td>
<td>Title</td>
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<tr>
<td>Number</td>
<td>Title</td>
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## POSITION CLASSIFICATION
Will your essential job functions include any of the following (if YES to any, please contact the EHS Manager at x3763).

### Potential Exposures
- Potential use of chemicals other than nominal quantities of standard retail products?
- Potential exposure to blood or other pathogenic bodily fluids, human or animal?
- Potential use of radiological chemicals, materials or equipment?
- Potential exposure to disturbed asbestos-containing materials or lead-based paint?
- Potential production, handling or management of classifiable hazardous, universal, or biomedical wastes?
- Potential exposure to excessive levels of noise or airborne dusts, fumes, or gases?

### Physical Hazards
- Regular use of personal protective equipment such as gloves, masks, or glasses?
- Regular access into classifiable confined spaces to perform work?
- Regular access to hazardous levels of electrical or mechanical energy?
- Regular access to roofs or other elevated areas to perform work?
- Regular use of heavy mechanical equipment such as manlifts, forklifts, plows, or landscaping equipment?
- Regular lifting, moving, and handling of materials or containers in excess of 30 pounds?

### Workplace Operations
- Anticipated use of a computer workstation for more than four hours of any work day?
- Anticipated use of College vehicles or boats for work-related purposes?
- Anticipated use of unique materials or equipment of a potentially hazardous nature?

## GENERAL SAFETY REVIEW
Please confirm that your Supervisor or Trainer has provided you with the following information and/or demonstrations:

- Procedures for properly reporting, documenting, and receiving treatment for a workplace injury
- Procedures for responding to a workplace emergency, including fire, injury, power outage, or public disturbance
- Location and use of fixed and portable fire extinguishers and alarm pull stations
- Review of fire/emergency escape routes and assembly points
- Location and use of the workplace first aid kit

## WORKPLACE SAFETY REVIEW
Please confirm that your Supervisor or Trainer has identified and discussed the following workplace-specific hazards:

1. 
2. 
3. 
4. 
5. 

## WORK NOTES TO EMPLOYEE

I (THE EMPLOYEE) HAVE REVIEWED AND UNDERSTOOD THE ABOVE-REFERENCED SAFETY ISSUES.

Name: ___________________________ Signature: ___________________________ Date: ___________________________