

**EMPLOYEE TRAINING CHECKLIST
- GENERAL SAFETY -**

This form is to be completed by the 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:

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.

Ergonomics and computer use

Back safety (lifting procedures, bending, pushing/pulling, posture)

Accident & Injury Reporting Procedures

Hazard Reporting Procedures

Electrical Safety/extension cords, heaters, etc.

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)