

**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 MSDS

Department Emergency Operations Plan, (Dept-specific)

Hazard Identification Form (Appendix D of Injury & Illness, Prevention Program)

Accident and Injury Reporting Procedures

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