

**NEW EMPLOYEE SAFETY ORIENTATION****Zero Injury Safety Initiative**

This checklist is to assist supervisors in NEW EMPLOYEE SAFETY ORIENTATION. Please review contents of the list with the new employee, have employee initial next to number or write in N/A if the number does not apply to employee. This is in addition to specific training requirements that may be associated with a particular job title.

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

**SAFETY TRAINING REQUIREMENTS**

- |           |  |  |
|-----------|--|--|
| _____ 1.  | Initial Safety Orientation   | Please check & enter date when completed |
|           | Met with Supervisor  | <input type="checkbox"/> Date _____      |
|           | Understands employee safety expectations (explained by Supervisor)   | <input type="checkbox"/> Date _____      |
|           | Enrolled in New Employee Safety Orientation (by PP HR)   | <input type="checkbox"/> Date _____      |
| _____ 2.  | Understands emergency reporting procedures for chemical spills, building evacuations, and other disasters.   |  |
| _____ 3.  | Understands personal protective equipment requirements and how to obtain needed equipment  |  |
| _____ 4.  | Knows what material safety data sheets are and where to locate them.   |  |
| _____ 5.  | Knows where all emergency equipment is located in the work area, including: fire extinguishers emergency showers/eye washes, first aid kits, and personal protective equipment, etc.   |  |
| _____ 6.  | Understands that power tools and other equipment must not be operated unless employee has been trained and authorized.   |  |
| _____ 7.  | Understands that position requires use of respiratory protection (medical clearance and training is required; the supervisor must contact EH&S at 9-2553.)   |  |
| _____ 8.  | Understands that attendance at scheduled safety training sessions is mandatory.  |  |
| _____ 9.  | Understands how to report safety concerns  |  |
| _____ 10. | Understands that all work-related injuries/illnesses must be reported to employee's supervisor as soon as possible, and an Incident Investigation Form must be completed with immediate supervisor.                            |  |
| _____ 11. | Understands that safety is everyone's responsibility and that we never compromise safety.  |  |
| _____ 12. | Understands and can identify location where safety information is posted or can be obtained: bulletin boards, Safety Concern Form, EH&S (telephone #9-2553; website: <a href="http://www.ehs.ucsc.edu">www.ehs.ucsc.edu</a> ). |  |

Supervisor Name: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SUPERVISORS: WITHIN THIRTY (30) DAYS OF NEW EMPLOYEE'S FIRST DAY ON THE JOB, COMPLETE AND SEND OR FAX THIS FORM TO PHYSICAL PLANT HUMAN RESOURCES -- BARN G -- FAX: 9-5121**

**KEEP A COPY FOR YOUR FILES**

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