

30-DAY SAFETY ORIENTATION ACKNOWLEDGEMENT FORM

Directions: The purpose of this checklist is to provide a systematic safety orientation for new employees in a timely manner. The employee and trainer/supervisor sign each completed section. Copy kept in supervisory file AND ADDITIONAL COPY SENT TO HUMAN RESOURCES.

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1. Fire/ Security System and Fire Safety:

- Review evacuation procedures.
- Review posted alarm system procedures.
- Review how to contact monitoring services for drills and what to do if alarm goes off for fire, security and guard response.
- Review location of fire extinguishers and demonstrate how to use.

Date: _____ **Employee:** _____ **Trainer/Supervisor:** _____

2. Emergency Equipment and Supplies:

- Location of First Aid Kit and contents.
- Location of sharps container, bloodborne pathogens clean up kit and disposal procedures.
- Location of earthquake kit/contents, emergency food and water.
- Location of flashlights.
- Location of latex gloves, eye goggle and face masks.

Date: _____ **Employee:** _____ **Trainer/Supervisor:** _____

3. Chemicals, cleaning supplies, SDS binder:

- Location of chemicals, cleaning supplies.
- Locations of SDS binder.

Date: _____ **Employee:** _____ **Trainer/Supervisor:** _____

4. Safety Board:

- Review the contents of the safety board.

Date: _____ **Employee:** _____ **Trainer/Supervisor:** _____

5. Global Harmonization System (Chemicals):

- Review GHS safety tailgate presentation.
- Location GHS policy.

Date: _____ **Employee:** _____ **Trainer/Supervisor:** _____

6. Bloodborne Pathogen and Health Precautions:

- Review "Bio Hazard Guidelines".
- Location of the "Exposure Control Plan".
- Location "Disease Prevention Contingency Plan"
- Location "PUSH" partner plan.

Date: _____ **Employee:** _____ **Trainer/Supervisor:** _____

7. Emergency Action Plan for Employees in the Workplace

- Review basic "Emergency Action Plan".
- Location programmatic "Emergency Preparedness Business Continuity Plan"

Date: _____ **Employee:** _____ **Trainer/ Supervisor:** _____

8. Safety Training Manual

- Review location and general content.

Date: _____ **Employee:** _____ **Trainer/ Supervisor:** _____

9. Reporting Injuries

- Review employee’s responsibilities.
- Completing the Incident Report.
- Completing SAIF 801 form.
- Review return to work guidance.

Date: _____ **Employee:** _____ **Trainer/Supervisor:** _____

10. Violence in the Work Place

- Review programmatic policies and applicable procedures to mitigate assault.
- Review programmatic de-escalation skills.
- Review “Panic Device” policy and operation.
- Review “Lock Down” procedures where applicable.

Date: _____ **Employee:** _____ **Trainer/Supervisor:** _____

11. Program Specific and Special Safety Information

- Kitchen equipment safety operation, tool safety and housekeeping practices.
- (Other)

Date: _____ **Employee:** _____ **Trainer/Supervisor:** _____

12. Your Safety Committee Member’s Role and Responsibilities

- Review Safety Committee member job description.
- Review location of the “Safety Training Manual”.
- Introduce new employee to safety committee member.

Date: _____ **Employee:** _____ **Trainer/Supervisor:** _____

13. Ergonomics

- Review Powerpoint presentation for setting up workstation and computers.
- Adjust workstation.

Date: _____ **Employee:** _____ **Trainer/Supervisor:** _____

14. Tool and Maintenance Policy

- Review Tool and Maintenance Policy.
- Review tool and maintenance tailgate for any appropriate trainings.

Date: _____ **Employee:** _____ **Trainer/Supervisor:** _____

15. Food Safety Policy

- Review Food Safety Policy and “Hazard Analysis and Critical Control Point (HACCP) – Based Standard Operating Procedures for Food Safety” tailgate.
- Adjust workstation.

Date: _____ **Employee:** _____ **Trainer/Supervisor:** _____

Program/Facility: _____

Date: _____

Employee Signature

Print Employee Name

Supervisor or Trainer Signature