

APPENDIX D-13

CONTACT LISTING AND FORMS

EMPLOYEE SAFETY ORIENTATION

Each employee must be given a safety orientation before beginning work. This checklist documents that each required item was explained to the employee. The supervisor is to place a check in each box after the item has been explained. Employees are not to sign this form unless all items have been explained and all questions have been answered satisfactorily.

The employee _____ has been:

- Told about parts of the written safety program that describe the employer's safety efforts.
- Given a copy of the Safety and Accident Prevention Program manual and has read it.
- Told to report all injuries and shown how to do this.
- Told to report all hazards to her/his supervisor and shown how to do this.
- Shown where the safety station and first aid supplies are located and who to call for first aid.
- Shown where the exits are located and the route from the assigned workstation.
- Told what to do during any emergencies that could be expected to occur.
- Shown how to operate a fire extinguisher.
- Taught how to read labels and use the SDSs sheets in the binder.
- Told generally what kinds of chemicals use and their hazards.
- Informed about the hazards and precautions related to chemicals he/she will be using.
- Trained on safe methods to perform the job/task the employee was assigned including any hazards associated with that job/task.
- Given any personal protective equipment (PPE) required and trained on how to use and care for it.
PPE required for this job: _____
- Provided any formal training required to do his/her job such as proper lifting, forklift operation etc.
Initial formal training given: _____

If required in their job description, they have been:

- Shown the Blood Borne Pathogen training video on our website and signed Appendix D-11.
- Offered the Hepatitis B vaccine, free of charge, or signed the declination form, Appendix D-12.

The signatures below document that the above orientation was completed on the date below. Both parties accept responsibility for keeping our workplace safe and healthful. A signed copy of this form must be retained in the employee personnel file.

Parish/School of Employment and City _____

Position or Job Title _____ Date of Hire _____

I have received an orientation to the Safety and Accident Prevention Program that is specific to this work site and I agree to fulfill the procedures set forth therein.

Employee Signature

Date

Pastor, Facility Manager, or Principal's Signature

Date