

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 an additional copy is sent to Human Resources.

- COPY SENT TO HUMAN RESOURCES. DATE _____
- COPY PLACED IN SUPERVISORY FILE. DATE _____

1. Safety Board and Safety Program Manual:

- Review the contents of the safety board.
- Review location and general content of the Safety Program Manual.

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

2. Fire/ Security System and Fire Safety:

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

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

3. 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 and use of generator/battery backup (where applicable).
- Location of latex gloves, eye goggles, and face masks.

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

4. Global Harmonization System, Chemicals, Cleaning Supplies, and SDS binder:

- Location of chemicals and cleaning supplies.
- Locations of SDS binder and GHS policy.
- Review GHS safety tailgate presentation.

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

5. Bloodborne Pathogen and Health Precautions:

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

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

6. Emergency Response Plan for Employees in the Workplace:

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

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

7. Reporting Injuries:

- Review employee's responsibilities.
- Review procedures for completing an Incident Report.
- Review procedures for completing a SAIF 801 form.
- Review return to work guidance.

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

8. Violence in the Workplace:

- 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:**_____

9. Ergonomics

- Review ergonomics for setting up workstation and computers.
- Adjust workstation.

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

10. 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:**_____

11. Tool and Maintenance Policy

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

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

12. Program Specific and Special Safety Information:

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

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

13. Your Safety Committee Member's Role and Responsibilities:

- Review Safety Committee member job description.
- Introduce new employees to the Safety Committee Member.

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

Program/Facility:_____ **Date:**_____

Employee Signature:_____ **Print Employee Name:**_____

Supervisor or Trainer Signature:_____