

**NEW EMPLOYEE SAFETY TRAINING CHECKLIST**

(To be completed by supervisor/manager and kept on file in department for 3 years)

**EMPLOYEE NAME (print):** \_\_\_\_\_

**DATE TRAINED:** \_\_\_\_\_ **CAMPUS/CENTER:** \_\_\_\_\_

**DEPARTMENT:** \_\_\_\_\_

**SUPERVISOR/MANAGER NAME:** \_\_\_\_\_

ORIENTATION ELEMENTS		NOTES (N/A = Not Applicable)		Employee Initials
<b>1. GENERAL SAFETY AND HEALTH TOPICS: <a href="https://www.pcc.edu/facilities-management/services/environmental-health-and-safety/">https://www.pcc.edu/facilities-management/services/environmental-health-and-safety/</a></b>				
a.	Environmental Health & Safety website; personnel contact information			
b.	Reporting <i>Hazardous Safety Conditions (Ch 1 -Health &amp; Safety Manual)</i>			
c.	Process for requesting services/work from Facilities Management Services from the Service Request Center (SRC)			
d.	Work-related injury, illness, near miss and property damage reporting and investigation ( <i>Ch 2 - Health &amp; Safety Manual</i> )			
e.	Employee medical and exposure record access			
f.	Emergency Procedures and Medical Plan			
g.	<i>Hazard Communication Plan (Ch 8 - Health &amp; Safety Manual)</i>			
h.	Confined Space restrictions			
<b>2. RISK SERVICES TOPICS: <a href="https://s443-intranet-pcc-edu.view.pcc.edu/departments/finance/safety/">https://s443-intranet-pcc-edu.view.pcc.edu/departments/finance/safety/</a></b>				
a.	Risk Services website; personnel contact information			
b.	<i>Driving Policy</i> for operating PCC owned, rented or leased vehicles; training requirement and forms			
c.	<i>Driving Policy</i> for operating personally owned vehicles for PCC business; insurance requirements and forms			
d.	<i>Office Ergonomics Self-Assessment</i>			
e.	<i>Return to Work Policy</i>			
f.	<i>Workers' Compensation</i> process			
<b>3. PUBLIC SAFETY TOPICS: <a href="https://www.pcc.edu/public-safety/">https://www.pcc.edu/public-safety/</a></b>				
a.	Public Safety website; available programs & services			
b.	Contacting Public Safety for emergency and non-emergency situations			
c.	Safety alerts and timely warnings sign up			
<b>4. VEHICLE USE and EQUIPMENT TRAINING</b>				
Is Employee to be authorized to operate specialized vehicles or equipment?		Yes	No	
For Which Vehicles or Special Equipment?				
a.	Forklift?	Yes	No	If Yes, note training date:
b.	Powered Pallet Jack?	Yes	No	If Yes, note training date:
c.	Scissor Lift?	Yes	No	If Yes, note training date:
d.	Kubota?	Yes	No	If Yes, note training date:
e.	Utility Cart?	Yes	No	If Yes, note training date:
f.	Other?	Yes	No	If Yes, note training date:

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<b>5. SPECIALIZED SAFETY TOPICS:</b> <a href="https://www.pcc.edu/facilities-management/services/environmental-health-and-safety/health-safety-manual/">https://www.pcc.edu/facilities-management/services/environmental-health-and-safety/health-safety-manual/</a>					
a.	Does the employee's job require routine exposure to blood or body fluids? (Ch 4 - Health & Safety Manual)	Yes	No	If Yes, note training date:	
b.	Will the employee be required confined space entry operations? (Ch 5 - Health & Safety Manual)	Yes	No	If Yes, note training date:	
c.	Will employee be authorized and qualified to work on live electrical systems? (Ch 6 Health & Safety Manual)	Yes	No	If Yes, note training date: Qualifications are:	
d.	If no to 3.c., notify employee to stay out of motor control centers, motor drive cabinets and electrical panels				
e.	Will the employee work in a laboratory? (Ch 9 - Health & Safety Manual)	Yes	No		
f.	Is employee to be trained to perform work involving the Control of Hazardous Energy sources (Lockout Tagout)? (Ch 10 Health & Safety Manual)	Yes	No	If Yes, note training date:	
g.	Will the employee be required to use ladders or Fall Protection Equipment at heights? (Ch 15 - Health & Safety Manual)	Yes	No	If Yes, note training date:	
h.	Will the employee be authorized to operate machinery that requires machine guarding? (Ch 15 - Health & Safety Manual)	Yes	No	If Yes, note training date:	
i.	Will the employee perform any welding operation or work near Welding operations? (Ch 16 - Health & Safety Manual)	Yes	No	If Yes, note training date:	
j.	Will the employee oversee any aspect of work involving contractors? (Ch 18 - Health & Safety Manual)	Yes	No	If Yes, note training date:	
k.	Will employee use or work in proximity to compressed gas cylinders?	Yes	No	If Yes, note training date:	
<b>6. EMPLOYEE PERSONAL PROTECTIVE EQUIPMENT</b>					
a.	Respiratory Protection (Ch 17 - Health & Safety Manual) NOTE: If respirator is assigned as required, must complete medical clearance, training and fit test. Contact Environmental Health & Safety			If providing voluntary dust mask, attach the information sheet. Yes? Note date:	
b.	Foot Protection - Describe minimum required footwear				
c.	Body Protection - Describe minimum required attire and any additional minimum level of protection				
d.	Head Protection (Hard Hat or Bump Cap)				
e.	Hearing Protection (Ch 11 - Health & Safety Manual)				
f.	Eye & Face Protection	i. Chemical Splash		Yes	No
		ii. Safety Glasses		Yes	No
		iii. Face Shield		Yes	No
g.	Hand Protection - Gloves	i. Chemical		Yes	No
		ii. Physical		Yes	No
<b>7. SPECIALIZED EMERGENCY PROCEDURES, EQUIPMENT AND RESOURCE LOCATIONS</b>					
a.	Location & Familiarity with contents of Emergency Guide				
b.	Location & Use of Fire Alarm Pull Stations				
c.	Location & Use of Fire Extinguishers				
d.	Location & Use of Fire Blanket (if applicable)				
e.	Building Egress & Safe Assembly Areas				
f.	Location of Automated External Defibrillator (AED)				
g.	Location of 1st Aid Kit				
h.	Location & Use of Emergency Gas Shutoffs (if applicable)				
i.	Location & Use of Emergency Washing Equipment (Drench Hose, Eyewash, Shower - if applicable)				
j.	Location & Use of Spill Kits for hazardous chemicals (if applicable)				
k.	Chemical Storage Requirements (if applicable)				
l.	Chemical Waste Disposal (if applicable)				

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<b>7. SPECIALIZED EMERGENCY PROCEDURES, EQUIPMENT AND RESOURCE LOCATIONS (continued)</b>			
m.	Broken Glass Disposal (if applicable)		
	<b>Chemical Fume Hood Operation (if applicable)</b>		
	<i>On/Off Switch</i>		
n.	<i>Flow Indicator</i>		
	<i>Sash Height</i>		
	<i>Light Switch</i>		
o.	Benchtop Fume Hoods (if applicable)		
	<b>Laboratory Housekeeping &amp; Expectations</b>		
	<i>Equipment Locations: DI Water, Lab Drawers, Glassware, Electronics, Etc.</i>		
p.	<i>Access to Prep Room</i>		
	<i>Summoning Assistance</i>		
	<i>Pre Lab Expectations</i>		
	<i>Post Lab Expectations</i>		
	<b>Student Expectations</b>		
	<i>Storage/Consumption of Food &amp; Drink; Storage of Personal Items</i>		
q.	<i>Dress Code, including required personal protective equipment</i>		
	<i>Instructional Equipment Storage Locations</i>		
	<i>Hazardous Materials &amp; Student Safety Topics</i>		
	<i>Waste Disposal Requirements</i>		
<b>8. OTHER DEPARTMENT SPECIFIC SAFETY TOPICS AND/OR TRAINING</b>			