General Safety Program & Responsibilities – Form 1 New Employee Safety Training Checklist

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

	ODIENTATION ELEMENTS			NOTES		
ORIENTATION ELEMENTS				(N/A = Not Applicable)	Employee Initials	
1. GE	NERAL SAFETY AND HEALTH TOPICS: https://	www.p	occ.edu	ı/facilities-management/services/environmen	tal-health-and-safety/	
a.	Environmental Health & Safety website; persontact information	sonnel				
b.	Reporting Hazardous Safety Conditions (H&Sa	M Ch 1)			
c. Process for requesting services/work from FMS Service Request Center (SRC)			/ice			
d.	d. Work-related injury, illness, near miss and property damage reporting and investigation (H&SM Ch 2)					
e.						
f.	Emergency Procedures and Medical Plan					
g.	Hazard Communication Plan (H&SM Ch 8)					
h.	Confined Space restrictions (H&SM Ch 5)					
2. RI	SK SERVICES TOPICS: https://s443-intranet-pc	c-edu.\	view.po	cc.edu/departments/finance/safety/		
a.	Risk Services website; personnel contact inf	ormati	on			
b.	Driving Policy for operating PCC owned, rented or					
c.	Driving Policy for operating personally owned vehicles for PCC business; insurance requirements and forms					
d.	d. Office Ergonomics Self-Assessment					
e.	e. Return to Work Policy					
f.	Workers' Compensation process					
3. PL	IBLIC SAFETY TOPICS: https://www.pcc.edu/p	ublic-s	afety/			
a.	Public Safety website; available programs & s	service	S			
b.	Contacting Public Safety for emergency and non- emergency situations					
c.	Safety alerts and timely warnings sign up					
4. VE	HICLE USE and EQUIPMENT TRAINING					
	employee be authorized to operate alized vehicles or equipment?	Yes	No			
For V	Vhich 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:		
е	Utility Cart?	Yes	No	If Yes, note training date:		
f.	Other?	Yes	No	If Yes, note training date:		

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	PECIALIZED SAFETY TOPICS: https://www.pcc.edu/facety-manual/	ilities-	manag	gemen	t/services/environmental-h	nealth-and-s	afety/h	nealth-
a.	Does the employee's job require routine exposure to blood or body fluids? (H&SM Ch 4)	Yes	No	If Ye	s, note training date:			
b.	Will the employee be required confined space entry operations? (H&SM Ch 5)	Yes	No	If Ye	s, note training date:			
c.	Will employee be authorized and qualified to work on live electrical systems? (H&SM Ch 6)	Yes	No		s, note training date: lifications are:			
d.	If no to 5.c., notify employee to stay out of motor con centers, motor drive cabinets and electrical panels	trol						
e.	Will the employee work in a laboratory? (H&SM Ch 9)	Yes	No					
f.	Is employee to be trained to perform work involving the <i>Control of Hazardous Energy –</i> Lockout/Tagout sources? (H&SM Ch 10)	Yes	No	If Ye	s, note training date:			
g.	Will the employee be required to use ladders or Fall Protection Equipment at heights? (H&SM Ch 20)	Yes	No	If Ye	s, note training date:			
h.	Will the employee be authorized to operate machinery that requires machine guarding? (H&SM Ch 15)	Yes	No	If Ye	s, note training date:			
i.	Will the employee perform any Hot Work (operations generating heat, sparks or flame)? (H&SM Ch 16)	Yes	No	If Ye	s, note training date:			
j.	Will the employee oversee any aspect of work involving contractors? (H&SM Ch 18)	Yes	No	If Ye	s, note training date:			
k.	Will employee use, or work in proximity to, compressed gas cylinders?	Yes	No	If Ye	s, note training date:			
6. E	MPLOYEE PERSONAL PROTECTIVE EQUIPMENT							
a.	Respiratory Protection (H&SM Ch 17) NOTE: If respirator is assigned as required, must comp medical clearance, training and fit test. Contact EH&S			info	oviding voluntary dust mask rmation sheet. ' Note date:	, attach the		
b.	Foot Protection - Describe minimum required footwer	ar						
c.	Body Protection - Describe minimum required attire a additional minimum level of protection	ind any	/					
d.	Head Protection (Hard Hat or Bump Cap)							
e.	Hearing Protection (H&SM Ch 11)				0	1,	Γ	
f.	Eye & Face Protection			i. ii.	Chemical Splash	Yes	No	
١.	Lye & race rrotection			iii.	Safety Glasses Face Shield	Yes	No No	
				i.	Chemical	Yes	No	
g.	Hand Protection - Gloves			ii.	Physical	Yes	No	
7. S	PECIALIZED EMERGENCY PROCEDURES, EQUIPMENT A	ND RE	SOUR	CE LOC	ATIONS			
a.	Location & Familiarity with contents of Emergency Gu	iide						
b.								
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	.1.1		-				
h. i.	Location & Use of Emergency Gas Shutoffs (if applicate Location & Use of Emergency Washing Equipment (Dr. Enguesch, Shawar, if applicable)	-	lose,					
j.	Eyewash, Shower - if applicable) Location & Use of Spill Kits for hazardous chemicals (if applicable)	f						

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7. SI	PECIALIZED EMERGENCY PROCEDURES, EQUIPMENT AND RESOURCE	E LOCATIONS (continued)	
k.	Chemical Storage Requirements (if applicable)		
I.	Chemical Waste Disposal (if applicable)		
m.	Broken Glass Disposal (if applicable)		
	Chemical Fume Hood Operation (if applicable)		
	On/Off Switch		
n.	Flow Indicator		
	Sash Height		
	Light Switch		
0.	Benchtop Fume Hoods (if applicable)		
	Laboratory Housekeeping & Expectations		
	Equipment Locations: DI Water, Lab Drawers, Glassware, Electronics, Etc.		
p.	Access to Prep Room		
	Summoning Assistance		
	Pre Lab Expectations		
	Post Lab Expectations		
	Student Expectations		
	Storage/Consumption of Food & Drink; Storage of Personal Items		
	Dress Code, including required personal protective equipment		
q.	Instructional Equipment Storage Locations		
	Hazardous Materials & Student Safety Topics		
	Waste Disposal Requirements		
8. C	THER DEPARTMENT SPECIFIC SAFETY TOPICS AND/OR TRAINING		
Will	the employee generate any regulated waste? (H&SM Ch 21)		
	the employee use any cranes, hoists, lifts or slings? (H&SM Ch 23)		
exce	the employee work outdoors when apparent temperatures ed 80F? (H&SM Ch 24)		
	the employee work outdoors when the AQI for PM2.5 exceeds		
	due to wildfire smoke? (H&SM Ch 25)		
	the employee completed the COVID-19 training specific to the ent Reopening Phase		
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