

SAFETY ORIENTATION CHECKLIST

WASHINGTON STATE UNIVERSITY

To be completed on the first day of employment. See 2.16.

EMPLOYEE NAME	DATE HIRED	ORIENTATION DATE
POSITION/JOB ASSIGNMENT		
Check one: <input type="checkbox"/> New Employee <input type="checkbox"/> Transfer <input type="checkbox"/> Rehire <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary		

Check items discussed:

- Purpose of orientation
- Reporting accidents to supervisor immediately
- First Aid
 - Obtaining treatment
 - Location and operation of emergency equipment (first aid kits, eyewashes, deluge showers)
 - Location and names of first aid trained employees
- Potential hazards on the job
 - What they are
 - How to deal with them safely
 - Required personal protective equipment and care and use of it
- What to do in the event of emergencies
 - Exit locations and evacuation routes
 - Location and operation of fire alarms and extinguishers
 - Specific procedures for medical, chemical, fire emergencies, and use of 911
 - Emergency Notification System registration:
 - Log onto <http://my.wsu.edu>; then
 - Under "My Profile," select the **Emergency Notification** link.
- The total safety program
 - Function of safety committee and meetings
 - Introduction to safety committee representative
 - Safety policies and rules and their value
 - Safety division resources (Police, fire, safety services, Environmental Health and Safety)
 - Campus Safety Plan:
 - <http://safetyplan.wsu.edu/>
- Personal work habits
 - Proper lifting techniques, avoiding slips and falls
 - Good housekeeping, smoking policy
 - Safe work procedures
- Specific training (Enter record of the training received regarding specific machines or hazard situations. See 2.18.)

- On-the-job training
 - Employee skill level and qualifications assessment
 - General training for assigned tasks
 - Specific training required by the Department of Labor and Industries

I have instructed this employee on the items checked.

SUPERVISOR SIGNATURE	DATE
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I have received orientation on the items checked.

EMPLOYEE SIGNATURE	DATE
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