

# 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
----------------------	------

**I have received orientation on the items checked.**

EMPLOYEE SIGNATURE	DATE
--------------------	------

**File in the employee's departmental personnel file.**