

# 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://zzusis.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.)  


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