



SAFETY ORIENTATION SITE SPECIFIC

On-site orientation to be provided by the Supervisor/Safety Representative at the time of hire or transfer.

<u>Subject Matter to be Covered:</u>	<u>Check as Completed</u>
A. Safety Program	
1. Location of Safety and HAZCOM Manuals	<input type="checkbox"/>
B. Safety Bulletin Board	
1. Location & Contents (Safety Committee minutes, Local Disaster/ Emergency Preparedness Contingency Plan, etc.)	<input type="checkbox"/>
C. HAZCOM Program	
1. Familiarization of Chemical List/ Safety Data Sheet (SDS)	<input type="checkbox"/>
D. Occupational Injuries and Diseases	
1. Post Exposure Reporting Procedures	<input type="checkbox"/>
2. Location/Type Personal Protective Equipment (PPE)	<input type="checkbox"/>
3. Location/Contents Biohazard Box/Bucket	<input type="checkbox"/>
4. Community Correction procedures for clean-up of blood and body fluid contamination in state vehicles.	<input type="checkbox"/>
E. Potential Hazards of the Job	
1. Location of DOC 03-151 Hazard Report/Reporting Safety Hazards	<input type="checkbox"/>
2. Identification of potential slip, trip, and fall hazards in work area	<input type="checkbox"/>
3. Review of best practices to prevent and mitigate slips, trips, and falls	<input type="checkbox"/>
F. State Vehicle Orientation	
1. Familiarization of Safety Kit(s) & Fire Extinguishers	<input type="checkbox"/>
2. Reporting Mechanical Problems	<input type="checkbox"/>
G. What to do in Event of Emergencies/Office Security	
1. Evacuation Routes and Procedures	<input type="checkbox"/>
2. Location of Fire Extinguishers	<input type="checkbox"/>
3. Review of Office Emergency Plan	<input type="checkbox"/>
4. Review Emergency Desk Reference Checklist/Provide Copy	<input type="checkbox"/>
5. Familiarization with Office/Facility Security Procedures	<input type="checkbox"/>
6. Familiarization with Environmental Risks	<input type="checkbox"/>
H. First Aid Procedures	
1. Location/Telephone Numbers of Nearest Facilities	<input type="checkbox"/>
2. Location of First Aid Kit(s)/Equipment	<input type="checkbox"/>
3. Staff who are required to be First Aid/CPR Certified	<input type="checkbox"/>

Employee name	Signature	Date
Safety Representative	Signature	Date
Supervisor (required)	Signature	Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

ORIGINAL: Safety Program Manual Section 4/Training