PHYSICAL PLANT
SAFETY ORIENTATION PROCESS FORM
NEW/TRANSFER EMPLOYEES

EMPLOYEE NAME: _______________________________________________

HIRE DATE: ____________________________________________________

DEPARTMENT: __________________________________________________

SHOP/AREA: ____________________________________________________

SUPERVISOR NAME: _____________________________________________

GENERAL SAFETY ORIENTATION

The above employee has completed the general safety orientation as shown below:

DATE: ________________________________

TIME: ________________________________

_____________________________________________________

Employee Signature     Date

_____________________________________________________

Safety Coordinator Signature    Date

JOB-SPECIFIC ORIENTATION

The following topics were covered during the above employees first week on the job:

_____ 1. PDQ essential function: Supports and complies with all safety rules, regulations, and operating policies and procedures.

_____ 2. Hazardous elements specific to the job; including hazardous materials (electronic MSDS review), machinery, noise, etc.

_____ 3. Hazardous control measures such as engineering and administrative controls (lockout/tagout, confined space, hearing conservation, respiratory protection, etc).

_____ 4. Safe operating procedures (Physical Plant operating policies/procedures, departmental operating policies/procedures, shop/area operating policies/procedures including substance abuse, employees assistance progress, dress code, etc).
5. Personal protective equipment (contact the safety officer for respirator issuance, training, fit testing, hearing conservation equipment, training, back support belts, etc., prescription safety glasses)

6. Area emergency procedures such as equipment stops, emergency response procedures and telephone numbers.

7. Evacuation routes, location of fire alarm systems and fire extinguishers.

8. Procedures in the event of personal injury accident/illness and vehicle accidents.

9. Proper and safe use of equipment and tools.

10. Local traffic hazards and rules and regulations to be followed. Pedestrians have the right-of-way on Tech campus.

11. Other subjects, as required, to ensure that new employees do not become involved in accidents because of lack of safety knowledge.

Supervisor Signature       Date

______________________________________________________

Employee Signature       Date

Attend STOP Training

The Physical Plant Safety Office will contact you to notify you of the scheduled training dates. This should be completed within six months of your employment date.

(Note: Supervisor forwards original copy of this form to Safety Office)