



SAFETY ORIENTATION GUIDE FOR NEW EMPLOYEES



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Safety Orientation Guide for New Employees

Introduction:

The purpose of this guide is to provide a framework for conducting safety orientations for new employees. Accident statistics show that new employees are much more likely to sustain on-the-job injuries than more experienced workers. Therefore, it is essential that new employees receive a detailed safety orientation in order to provide them with the knowledge and skills needed to perform their jobs safely and prevent accidents.

Safety should be a priority for new employees from the first day of employment. They should be told of your entity's commitment to safety and the expectation that all employees will perform their jobs safely and avoid accidents.

Whether the orientation is conducted by a supervisor, risk manager, personnel representative or other official, certain safety-related information should be reviewed. Module 1 of this guide is designed to cover much of the general safety information that virtually all new employees need to hear.

Other safe job procedures should be reviewed with employees prior to their assignment to a task that exposes them to specific hazards. Module 2 is designed to prompt the review of hazards and safety procedures associated with certain hazardous tasks.

While we have attempted to design the orientation guide in a comprehensive manner, it is not possible to cover every conceivable safety hazard, policy or procedure that employees need to know about. Henceforth, municipal officials responsible for conducting safety orientations should modify this document as appropriate to ensure that everything that should be reviewed with new employees is adequately covered.

Planning the Safety Orientation:

The safety orientation should be coordinated with other departments (such as personnel, risk management, etc.) as appropriate. The person(s) responsible for conducting the orientation should be notified far enough in advance so they can plan their workday. Most employers have a formal sign-in procedure where employee payroll, benefits, and other personnel-related policies are reviewed. After this process is completed, the safety orientation should be conducted.

For more than one employee, a classroom set-up is usually best. Arrangements can be made to have a TV/DVD player, LCD Projector and/or flip charts, white boards or smart boards. Adequate copies should be made of pertinent policies and procedures, and samples of personal protective equipment and other visual materials assembled prior to the orientation. The meeting room should be well lit and away from noisy areas and other distractions. An adequate amount of time should be planned so you don't have to rush through important information.

Conducting the Safety Orientation:

The first day on the job typically involves many new faces and information that employees try

their best to absorb. In reality, the amount of information that they will be able to retain is limited. With this in mind, the initial segment of the safety orientation should cover general information that is not critical to their survival, unless of course they are required to perform a hazardous activity on the first day.

Information given to new employees on the first day should include a discussion of the entity's commitment to safety and other basic safety information. Module 1 provides a checklist of key topics that should be covered on day one.

The left side of the checklist includes boxes where the instructor can check "yes" if the topic has been reviewed, "no" if it hasn't, and "n/a" if the item is not applicable to the particular employee(s) involved.

Under each topic are notes to the instructor, key points, and resources. The "notes to instructor" prompt the person conducting the orientation to gather and review various policies and procedures, coordinate additional training, etc.

A "resource" section is also included under each topic. This section lists the written documents and videos that CIRSA has already provided to help you conduct the orientation. Appendix A lists additional resources you can use to conduct the orientation.

Module 2 contains checklists that are specific to certain job activities. While these items may be covered the first day, it is probably best to wait to review them later so employees aren't too overloaded with information. The checklists in Module 2 do not cover everything there is to know about the subject. More in-depth training will be necessary so employees are fully aware of potential hazards and safe job procedures.

Documentation:

It is important that you document the safety orientation as well as any other safety training. A sample roster sheet can be found in Appendix B after the checklists of topics.

Follow-up:

As mentioned earlier, employees will not retain all the information that you review with them during the safety orientation. Therefore, follow-up training may be necessary to review key safety policies, procedures and hazards. Additional training classes may be needed to teach specific job skills in order to prevent accidents and injuries. CIRSA's Safety Training Curriculum Guide lists specific safety training requirements by municipal department. Also, retraining may be needed if an accident occurs or an employee is performed performing a job or task unsafely. This training could take the form of informal coaching. Be sure to document any follow-up training.

Disclaimer: This publication is provided for informational purposes only. As with all CIRSA loss control activities, this guide is intended only to assist CIRSA members in their own loss control activities. It is not intended to replace those programs or activities, or to provide specific legal, technical, or other advice. Members should seek professional advice on specific concerns from their own legal, technical or advisors.

Safety Orientation

Module No. 1

Date: _____

Employee: _____

Instructor: _____

Safety Policy and Responsibilities

Reviewed

Yes No N/A

Safety Policy

Notes to Instructor:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|---------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | Review the entity's safety policy with the employee. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | Present a copy of the safety policy and have employees acknowledge receipt by signing they have read and understood the policy. |

Yes No N/A

Safety Responsibilities

Notes to Instructor:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|--------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | Review employees' responsibilities for safety. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | Review role of safety coordinator and/or safety committees. The safety coordinator is _____. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. | Review any standards for safety in the performance evaluation system. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. | Review with the employee how a violation of safety rules can affect result in disciplinary action or other consequences. |

Key Points:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|--------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | The entity's evaluation contains criteria to gauge your conformance on safety issues, and to impose discipline for violations. |
|--------------------------|--------------------------|--------------------------|----|--------------------------------------------------------------------------------------------------------------------------------|

Resources:

CIRSA Loss Control Manual - Section I

Accident Reporting

Yes No N/A

Reporting Accidents and Near Misses

Notes to Instructor:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|----------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | Review the entity's accident reporting procedures. |
|--------------------------|--------------------------|--------------------------|----|----------------------------------------------------|

Key Points:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | Report on-the-job accidents to your immediate supervisor as soon as possible; but no later than 24 hours after the accident. |
|--------------------------|--------------------------|--------------------------|----|------------------------------------------------------------------------------------------------------------------------------|

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | An accident investigation will be conducted to see how the accident could have been prevented. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. | If you observe any unsafe conditions or actions, contact your supervisor. These situations will be reviewed to see if changes in the operation or equipment may be appropriate. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. | If a near miss accident occurred that could have caused injury or property damage, notify your supervisor to determine ways to prevent a future occurrence. |

Resources:

CIRSA Loss Control Manual; Section II-4 (Supervisor's Investigation Report) CIRSA video and handbook "Don't Play the Blame Game" CIRSA Safety Stops p. 60

Yes No N/A First Aid

Notes to Instructor:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | Point out the locations of first aid kits, AED's, and emergency eyewash/shower stations during a tour of the facility. |
|--------------------------|--------------------------|--------------------------|----|------------------------------------------------------------------------------------------------------------------------|

Key Points

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | If an injury does not require medical attention, administer the appropriate first aid using supplies from a nearby first aid kit. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | Know the locations of the nearest first aid kits and AED's in your work area. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. | If first aid supplies are low, insufficient, or outdated, contact your supervisor. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. | Know the locations of any eyewashes or emergency showers in your work area. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. | Let your supervisor know of the incident and determine whether it could have been prevented. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. | Keep in mind that an injury may be worse than first indicated and later merit medical attention. It is best to report in the event of later infection. |

Yes No N/A Workers' Compensation Claims

Notes to Instructor:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|---------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | Point out the Federal and State posters related to injury reporting and treatment and your rights under Federal and State laws. |
|--------------------------|--------------------------|--------------------------|----|---------------------------------------------------------------------------------------------------------------------------------|

Key Points:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|-----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | All work related injuries must be reported to your supervisor. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | You must complete an "Employee's Written Notice of Injury to Employer" form within four working days of the injury. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. | _____ is responsible for filing workers' compensation claims. If you have any questions regarding a claim, contact him/her. |

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. | Workers' compensation applies to medical expenses that are incurred for approved treatments and also covers a portion of your lost time under specified circumstances. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. | If you need medical assistance, you must see the designated medical provider first. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. | Our designated providers are _____. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. | If you go to another medical provider, you may not be eligible for workers' compensation benefits. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. | A claims adjuster may contact you to discuss the incident and answer any questions you may have. |

Yes No N/A **Return to Work Program**

Notes to Instructor:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | Review your entity's "return to work" program. |
|--------------------------|--------------------------|--------------------------|----|------------------------------------------------|

Key Points:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | The entity of _____ has a return-to-work program that assists you in recovery to full employment should you have a partial disability from a work injury. |
|--------------------------|--------------------------|--------------------------|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------|

Yes No N/A **Employee Liability**

Key Points:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | You must stay within the scope of your assigned duties and scope of authority to avoid liability. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | When you notice an obvious hazard that should be corrected to avoid injury or property loss, make appropriate corrections within your responsibility or call it to the attention of your supervisor. |

Resources:

CIRSA video "Understanding Governmental Liability"

General Safety Rules

Yes No N/A **Entity Safety Rules**

Notes to instructor:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | Provide a copy of the safety rules to the new employee and review those applicable to the job. |
|--------------------------|--------------------------|--------------------------|----|------------------------------------------------------------------------------------------------|

Key Points:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | The safety rules for your department are located _____. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | If you have questions regarding any of these rules, contact your supervisor. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. | If injured during the violation of a known safety rule, your workers' compensation benefits may be reduced up to 50 percent. |

Resources:

Entity's Safety Policy and Rules

CIRSA Loss Control Manual - Section V

Yes No N/A **Acceptable Clothing and Footwear**

Notes to Instructor:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|----------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | Review the entity's policy on work clothing. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | Review the policy on appropriate footwear for the departments represented. |

Key Points:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|--------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | Clothing worn should present an appropriate image. No stains, holes, or tears. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | Reflective vests shall be worn when working around motorized traffic. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. | The use of shorts or cutoffs is (your policy here)_____. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. | Loose clothing and jewelry shall not be worn around moving equipment. |

Yes No N/A **Housekeeping**

Key Points:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | You are required to keep your work area in a clean and orderly fashion. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | Housekeeping minimizes unseen hazards, helps productivity, and allows for safe exit in an emergency. |

Resources:

CIRSA Safety Stops p. 41

CIRSA Video and Handbook "Safety Awareness is Everyone's Responsibility"

Yes No N/A **Operation and Maintenance of Equipment**

Notes to Instructor:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|---------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | Become familiar with the tools and equipment that new employees may be using in their jobs. |
|--------------------------|--------------------------|--------------------------|----|---------------------------------------------------------------------------------------------|

Key Points:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | Proper use of tools and equipment is an important part of your daily job. Many accidents occur due to improper operation and maintenance of equipment. Part of proper maintenance is putting equipment back in the place assigned for it. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | Make sure you are properly trained before using any tools or equipment. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. | Inspect for defects before using tools and equipment, including gaps in electrical insulation, lack of guards or signs of overheating. Report any unsafe conditions to your supervisor. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. | Follow applicable maintenance schedules for tools and equipment. |

Yes No N/A **No Smoking Areas**

Notes to Instructor:

- ☐ ☐ ☐ 1. Review your entity's smoking policy and point out areas where smoking is permitted or prohibited.

Key Points:

- ☐ ☐ ☐ 1. Smoking is (prohibited) (permitted)_____.
- ☐ ☐ ☐ 2. Smoking is prohibited in certain areas and operations due to the use, or proximity to, flammable liquids and gases. Your supervisor will detail these locations for you.

Resources:

CIRSA Safety Stops p. 70

Yes No N/A **Horseplay**

Key Points:

- ☐ ☐ ☐ 1. Horseplay of any kind is discouraged and may be subject to disciplinary action.

Resources:

CIRSA Safety Stops p. 40

Personnel Policies

Yes No N/A **Harassment Prevention**

Notes to instructor:

- ☐ ☐ ☐ 1. Review the entity's policy on general harassment and EEOC protected classes.
- ☐ ☐ ☐ 2. Background checks are to be obtained prior to employment of all employees and volunteer that work with children or senior citizens.

Key Points:

- ☐ ☐ ☐ 1. Harassment of any kind to fellow employees or the public will not be tolerated and may result in disciplinary actions.
- ☐ ☐ ☐ 2. Report incidents to appropriate persons as reflected in our policy.
- ☐ ☐ ☐ 3. The entity's Harassment Policy is located _____

Resources:

CIRSA Video "Managing Your Employment Liability Exposure"
CIRSA Sample "Prohibited Harassment" policy

Yes No N/A **Drug and Alcohol Use**

Notes to Instructor:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | Review your entity's policy as to the consequences of drug or alcohol use during work hours. |
|--------------------------|--------------------------|--------------------------|----|----------------------------------------------------------------------------------------------|

Key Points:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|-------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | Drug and alcohol use in the workplace is specifically prohibited. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | If you show up to work under the influence, you will be _____ . |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. | If you are using over the counter or prescription drugs that may affect your job performance, let your supervisor know. |

Resources:

CIRSA Safety Stops p. 21

Yes No N/A **Drug and Alcohol Testing**

Notes to Instructor:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|--------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | Review your entity's policy on drug and alcohol testing. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | Ensure that supervisors of CDL drivers are given required training on DOT Drug and Alcohol Awareness and reasonable suspicion. |

Key Points:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | If you have a Commercial Driver's License (CDL), federal laws require random drug and alcohol testing. The selection process is random and you will not know when you may be selected. If you test positive during the random test, you may be subject to disciplinary action. The coordinator for the alcohol and drug testing is _____. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | Certain vehicle accidents will result in a post accident drug and alcohol test to determine whether you were driving while impaired. |

Yes No N/A **Workplace Violence**

Notes to Instructor:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|--------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | Review your workplace violence policy and notification procedures. |
|--------------------------|--------------------------|--------------------------|----|--------------------------------------------------------------------|

Key Points:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | If you are threatened with violence by an employee or citizen, contact your supervisor, the police or personnel department immediately. Take all threats seriously. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | Never react with hostility towards a citizen. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. | The entity has established a notification system to alert the police department of possible violence or threats (e.g., panic buttons). |

Resources:

CIRSA video "Workplace Violence: Assessment and Prevention"
CIRSA Safety Stop p. 81
Online Training Center Course, "Workplace Violence"

Yes No N/A **Security Procedures**

Notes to Instructor:

- ☐ ☐ ☐ 1. Review applicable security policies and procedures including measures that are taken to restrict entry of unauthorized persons and allow entry of those authorized.

Key Points:

- ☐ ☐ ☐ 1. The entity has devices allowing entry into buildings or parking areas (e.g., gate cards, codes, or employee badges) for the following areas:
_____.
- ☐ ☐ ☐ 2. Security procedures for working at night or on weekends are as follows:

_____.
- ☐ ☐ ☐ 3. If you see suspicious behavior in parking areas or in and around the entity's buildings, contact the police department or security.
- ☐ ☐ ☐ 4. Do not attempt to confront someone who is suspicious or is committing a crime. Call 911.

Yes No N/A **Citizen Complaints**

Notes to instructor:

- ☐ ☐ ☐ 1. Review your entity's policy on citizen complaints.

Key Points:

- ☐ ☐ ☐ 1. When faced with a citizen complaint about injury or damage alleged to be caused by the entity, report the complaint to your supervisor. Do not admit liability or make any promises.
- ☐ ☐ ☐ 2. The entity has written procedures for dealing with incidents involving the public and such an incident should be reported to _____.
- ☐ ☐ ☐ 3. If a citizen is hostile towards you, respond in a professional manner.

Yes No N/A **Dealing with the Media**

Notes to instructor:

- ☐ ☐ ☐ 1. Review your entity's policy on dealing with the media.

Key Points:

- ☐ ☐ ☐ 1. Do not answer any questions from the media or volunteer any information regarding accidents or areas of potential liability.
- ☐ ☐ ☐ 2. Refer them to the entity's spokesperson.

- ☐ ☐ ☐ 3. The entity's designated spokesperson(s) are _____.

Emergency Plan

Yes No N/A Emergency Evacuation

Notes to Instructor:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | Review your entity's emergency and evacuation plan and discuss responsibilities of key personnel in response activities. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | Give more extensive training periodically regarding evacuation, especially to those with specific responsibilities in the emergency evacuation plan. |
| | | | 3. | Review the procedures and notification requirements for: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. | Fires; |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. | Chlorine emergencies and other chemical releases; |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c. | Tornadoes; |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d. | Floods; and |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | e. | Bomb threats. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. | Coordinate more extensive training to those that may be affected or involved with chlorine and chemical spill emergencies. |

Key Points:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | Know the emergency exits within your facilities and determine the closest path to exit. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | Make sure aisles are kept clear and exits are unobstructed. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. | Make sure you know who coordinates emergency evacuations and where to gather after an evacuation. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. | If you notice a chemical release such as chlorine gas, determine whether evacuation is necessary. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. | If a chemical spill or fire has occurred which is beyond your ability to control, contact the fire department to respond. They have training in hazardous materials and fire suppression. If you have not been trained, do not respond to spills or fires. Evacuate the area and allow those trained to enter. If you have been trained, make sure you have the correct personal protective equipment, assess the risk using Safety Data Sheets, and contact the fire department as back-up. |

Resources:

CIRSA Safety Stop pp. 11 & 12
CIRSA OSHA Reference Guide p. 48

Personal Protective Equipment (PPE)

Yes No N/A Personal Protective Equipment and its Use

Notes to Instructor:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|-----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | Review the entity rules related to PPE use with the employee. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | Review the policy on reimbursement for certain PPE items. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. | Coordinate more extensive training on the use of specific PPE such as respiratory protection. |

Key Points:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | The entity will provide you with PPE to perform your job safely, including the following: _____. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | The entity will reimburse you for the purchase of approved safety shoes and prescription safety glasses as follows: _____. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. | PPE must be maintained in clean condition without defects. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. | Your supervisor will instruct you on which pieces of PPE are appropriate for particular operations. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. | Safety glasses with side shields are needed for operations where something may be projected into your eye including fine dust particles. Chemical protective goggles are needed for liquids that may splash into your eye. Safety shoes with either steel or composite toes are needed where there is a potential for heavy objects to fall or pinch your feet. |

Resources:

CIRSA Personal Protective Equipment Guide
CIRSA Safety Stops p. 54, 24, 61

Exposures to Chemical, Physical or Biological Agents

Yes No N/A Hazard Communication Program

Notes to Instructor:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|--------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | Know the location of the "Right to Know" stations or Safety Data Sheet (SDS) books of the departments being trained. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | If the use of chemicals will be extensive for those being trained, coordinate Hazard Communication/GHS training for those personnel. |

Key Points:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|----------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | Information on the chemicals used in your work area may be found in the SDS book located _____. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | Consult a SDS for the chemical product(s) being used to determine how to work with the product safely and what hazards may be present. |

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. | If you feel like you are being adversely exposed to a chemical, inform your supervisor so that corrective measures can be taken. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. | If using a chemical product, make sure the container is labeled properly as to the actual contents. If the container is not labeled, or the label has been defaced, contact your supervisor. |

Resources:

CIRSA Loss Control Manual: Section XI; CIRSA Safety Stops p. 51
CIRSA Hazard Communication Program

Yes No N/A **Hearing Conservation Program**

Notes to Instructor:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|-------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | Employees frequently working in high noise areas or operations should be included in the formal hearing conservation program. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | Audiograms (hearing tests) and more extensive training should be coordinated with the appropriate person. |

Key Points:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|-------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | Earplugs and muffs will be provided to employees working in high noise areas. They are located _____. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | Inform your supervisor if the supply of earplugs is low, your earmuffs are damaged, or your plugs or muffs are uncomfortable. |

Resources:

CIRSA Hearing Conservation Program
CIRSA Industrial Hygienist for noise measurements

Yes No N/A **Bloodborne Pathogens/Infection Control**

Notes to Instructor:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | Review the Bloodborne Pathogens Program/Infection Control Plan. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | If the employee will be responding to emergency medical incidents and is a first aid responder, lifeguard, or performs certain janitorial services, coordinate more extensive training on bloodborne pathogens. |

Key Points:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | The Infection Control Plan is located _____. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | If you find blood or someone who is bleeding, call 911 and/or contact someone that has training in first aid/CPR. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. | If you must handle visible blood, treat it as infectious. Use fluid resistant gloves, a paper respirator, and safety goggles or face shield to prevent exposure. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. | These pieces of Personal Protective Equipment (PPE) are located _____. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. | If you do not have the necessary training to protect yourself from |

bloodborne pathogens, seek someone who does to perform the necessary actions.

Resources:

CIRSA Safety Stops p. 42

Yes No N/A **Computer Work Station Ergonomics**

Notes to Instructor:

- | | | | |
|--------------------------|--------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Coordinate an ergonomics evaluation of the applicable employee's computer workstations after they are set up. |
|--------------------------|--------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------|

Key Points:

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. It is important that your computer work station be set up so that you can perform typical operations such as keying without undue strain. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Ensure that your chair provides adequate back support, (ie., it is the right size, adjustment, and tension on the chair back). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Adjust your keyboard so that your forearms are parallel to the floor or slightly sloped downward while keying. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Adjust your monitor so that the top of your monitor is at eye level or slightly lower. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Assess your workspace to determine whether items typically needed are within comfortable reach. For example, if you must access files and be on the phone at the same time, position these items so they can both be accessed without undue strain. |

Resources:

CIRSA Safety Stops p. 80

Yes No N/A **Electronic Communications Policy**

Notes to Instructor:

- | | | | |
|--------------------------|--------------------------|--------------------------|-------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Obtain the electronics communications policy and familiarize yourself with the policy. |
|--------------------------|--------------------------|--------------------------|-------------------------------------------------------------------------------------------|

Key Points:

- | | | | |
|--------------------------|--------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. There is no expectation of privacy in any electronic communication. Information Technology staff have the right to monitor all such communications. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Any electronic communication that is abusive, profane, threatening, defamatory or offensive is prohibited. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Any violations of our electronic communications policy may result in the loss of computing privileges, disciplinary actions up to and including termination of employment, and referral to the appropriate authorities. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Any software downloads shall be authorized and/or conducted by Information Technology personnel. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Portions of the entity's computer system may be accessible by password |

only. All efforts shall be made to keep passwords secret and not shared with unauthorized persons.

Yes No N/A **Back Injury Prevention**

Notes to Instructor:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|-------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | Coordinate more extensive back injury prevention training for employees who will be performing lifting as a normal function of their job. |
|--------------------------|--------------------------|--------------------------|----|-------------------------------------------------------------------------------------------------------------------------------------------|

Key Points:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | Perform stretching exercises before lifting. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | If you don't feel comfortable with a lift, ask for help or get a mechanical lifting device such as a hoist or dolly. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. | If you are wearing a back belt, do not attempt to lift more than you typically would without the belt. Back belts must be cinched up tightly to be effective. Receive training on proper use. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. | When lifting: bend down with the knees; maintain the load close to the body; maintain natural curvature of the back; do not twist, but pivot with the load if turning. |

Resources:

CIRSA Safety Stops p. 3

CIRSA Video and Handbook, "Preventing Injury through Body Mechanics, Ergonomics and Physical Fitness"

Vehicle Safety Rules and Procedures

Yes No N/A **General Vehicle Safety**

Notes to Instructor:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | Review the policy for vehicle use with employees who will be driving on business. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | Review your policy on cell phone/smart phone use and use of GPS systems while seated in a vehicle. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | Coordinate a defensive driving course. |

Key Points:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | Vehicle accidents are one of the most frequent and severe causes of on-the-job injuries. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | The entity will schedule you for a defensive driving course as soon as one is available in the area. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. | The entity rules for vehicle use are located _____. |

Resources:

CIRSA video and handbook "Don't Meet by Accident"

CIRSA video and CD handbook "Implementing a Comprehensive Safe

Driving Program”

Field Driver Evaluation forms in the CD handbook immediately above

Yes No N/A **Qualifying to Drive a Vehicle**

Notes to Instructor:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | Determine whether any employees in the orientation need Commercial Driver's Licenses (CDL). Check to see they have appropriate licenses for the vehicles they will be operating. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | Coordinate specialized training such as bus driving or off-road driving as necessary. |

Key Points:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | For employees operating an entity vehicle or driving their own vehicle on entity business, entity performs Motor Vehicle Record (MVR) reviews every _____, documenting any accidents or traffic violations. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | To drive a vehicle for the entity you must be properly trained on that type of vehicle. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. | If you are driving a vehicle with 16 or more passengers including the driver, or a vehicle weighing over 26,000 pounds, you must have a Commercial Driver's License (CDL). |

Resources:

CIRSA Safety Stops pp. 17-21, 39, 73

Yes No N/A **Vehicle Checkout Procedures**

Notes to Instructor:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|---------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | Review your vehicle checkout procedures with employees who will be driving entity vehicles. |
|--------------------------|--------------------------|--------------------------|----|---------------------------------------------------------------------------------------------|

Key Points:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | Before starting a vehicle for use, check the tires for wear and pressure and the lights for proper operation. Adjust the rear view and side view mirrors. While in operation, check the brakes to see if they are working properly. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | You must have the appropriate licenses and otherwise qualify to use that vehicle before checking it out. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. | The vehicle checkout system is coordinated through _____
_____. |

Resources:

CIRSA Loss Control Manual - Section VI

Yes No N/A **Seatbelt Use**

Notes to Instructor:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | Review the seatbelt policy. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | Discuss any incentive programs you may have to encourage the use of seatbelts and any procedures used to monitor compliance. |

Key Points:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | You must have your seatbelts fastened (shoulder harness and lap belt) while moving, and in the front seat of any vehicle performing operations essential to your work. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | Anyone violating this rule is subject to disciplinary actions. |

Resources:

CIRSA Safety Stops p. 79

Yes No N/A **Vehicle Inspections**

Notes to Instructor:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|--------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | If applicable, review the vehicle inspection and preventative maintenance schedules. |
|--------------------------|--------------------------|--------------------------|----|--------------------------------------------------------------------------------------|

Key Points:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | Check fluid levels and tire pressures once a week. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | If you hear any strange noises or if any problems are noted, inform your supervisor. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. | Your supervisor will schedule a more thorough inspection and service for the vehicle at _____. |

Resources:

CIRSA Loss Control Manual - Section VI

Yes No N/A **Vehicle Accidents**

Notes to Instructor:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|-------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | Review form used for performing a vehicle accident investigation. |
|--------------------------|--------------------------|--------------------------|----|-------------------------------------------------------------------|

Key Points:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | All accidents, no matter how minor, involving property damage, vehicle damage and/or injury, must be reported as soon as possible. Do not leave the scene of an accident. Wait for the police. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | If involved in an accident involving injury or death, the accident must be reported to the State Department of Revenue. It is also advisable to do obtain or file a police report, especially in the event of an intersection collision. The forms for such reporting are available at the police |

department. Penalty for not doing this may involve the suspension of your license.

Resources:

CIRSA Loss Control Manual - Section VI

General

Yes No N/A **Employee Suggestions**

Notes to Instructor:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|-------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | Identify any suggestion box or other process for submitting safety suggestions. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | Discuss any incentives available to employees for submitting safety suggestions or reporting and investigating near miss incidents. |

Key Points:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | Employees are encouraged to submit suggestions to improve safety; either work practices or conditions, to your supervisor. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | Near miss accidents and suggestions on how to prevent a recurrence should also be reported. |

Safety Orientation

Module No. 2

Date: _____

Employee: _____ Instructor: _____

Chemical Safety

Reviewed

Yes No N/A

Hazard Communication

Notes to Instructor:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|---------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | Know the locations of the Safety Data Sheets (SDS) in each department represented in the training. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | Identify the employee(s) responsible for updating the SDS books. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. | Coordinate training on Hazard Communication for employees that work with or around hazardous chemicals. |

Key Points:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | If you use chemicals in your work, you may find information on those chemicals in the Safety Data Sheet book located in the _____. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | Make sure all chemical containers are properly labeled as to contents. If you see a chemical container without a label, notify your supervisor. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. | The written Hazard Communication Program may be found _____. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. | If you develop symptoms from exposure to a chemical, stop the work, notify your supervisor, and consult the appropriate SDS for information on how to reduce concentrations of that chemical or product. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. | When buying a chemical product directly from a distributor such as a hardware store, request an SDS. If an SDS has already been acquired for a chemical, it is not necessary to obtain another one in subsequent purchases. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. | SDS's should be given to _____ who shall update the SDS book. |

Resources:

Online Training Center Course, "Hazard Communication"
CIRSA Loss Control Manual - Section XI
CIRSA Safety Stops pp. 44, 51

Yes No N/A **Storage of Flammable Liquids**

Notes to Instructor:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|-----------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | Point out the locations of flammable storage locations and cabinets. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | Become familiar with reading chemical labels regarding flammability and combustibility. |

Key Points:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | Flammable liquids with flash points less than 73 degrees fahrenheit should be stored in a flammable storage cabinet to prevent the buildup of explosive levels of gas and vapor. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | Materials with flash points above 100 degrees fahrenheit, such as combustible liquids or latex paints, should not be stored in flammable storage cabinets unless there is room for all flammable liquids or aerosols. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. | Flammable liquids should be stored away from heat, sparks, flame or electrical equipment. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. | Once finished with a flammable liquid, return it to its proper storage cabinet. |

Resources:

CIRSA Safety Stops p. 30

Yes No N/A **Using Chemicals for Painting, Cleaning and Fueling**

Notes to Instructor:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|--------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | Know the location of your emergency shut-off valves for fuel in the event of a leak or a fire from a hose or tank. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | Become familiar with procedures for using solvents for cleaning parts, tools, or equipment. |

Key Points:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | Read the SDS for information on how to protect yourself from toxic or flammable chemicals. The section on "Safe Handling and Use" should detail safe conditions such as the use of Personal Protective Equipment (PPE) or ventilation to limit concentrations breathed. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | If paints generate a lot of vapors while painting, ensure adequate ventilation or use a respirator until enough ventilation is ensured. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. | When using a solvent, do not use more than what you need to clean the desired item. Also, determine whether the solvent should be diluted for proper use. It's better to make several chemical transfers than to have waste material that must be disposed of. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. | Do not smoke or generate sparks or heat around a cleaning or fueling operation, and ensure adequate ventilation. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. | Always bond and ground containers to equalize electrical potential when transferring flammable liquids from one container to another. |

Resources:

CIRSA Safety Stops pp. 53 and 75

Yes No N/A **Ventilation Requirements**

Notes to Instructor:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | Point out the locations of the ventilation equipment to be used for various operations including flex tubes, fans, and laboratory hoods. |
|--------------------------|--------------------------|--------------------------|----|------------------------------------------------------------------------------------------------------------------------------------------|

Key Points:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|-------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | Follow the instructions on the chemical's SDS regarding ventilation while using or generating chemicals. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | If you develop a headache, dizziness or nausea during the use of a chemical, leave the area and determine the ventilation required. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. | Perform as many chemical transfers as possible in a ventilation hood or in the outside air. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. | Perform operations such as welding and paint spraying outdoors if areas with adequate mechanical ventilation are not available. |

Yes No N/A **Respiratory Protection**

Notes to Instructor:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | Coordinate training in Respiratory Protection if respirators must be used in operations performed by employees being trained. This includes training on the use of Self-Contained Breathing Apparatus (SCBA). Check with your local fire department for SCBA training. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | Coordinate issuance and fit testing for those that must wear respirators. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. | Become familiar with the various cartridges that are used for protection from the chemicals used. |

Key Points:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | If you need a respirator for safety in an operation you perform, one will be supplied to you at no cost. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | If you are to wear a negative pressure cartridge respirator, you must be fit-tested with a shaven face to ensure proper fit. The respirator must also have the appropriate cartridges to provide protection. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. | It is always encouraged that you first attempt to provide greater ventilation before having to wear a respirator. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. | Respirators are best used for short term operations that generate much gas, vapor or dust that is difficult to remove by ventilation. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. | After using a respirator, properly clean and store it in an area free of dust and excessive chemical vapors; not hung by the straps. |

Resources:

CIRSA Safety Stops p. 61

CIRSA Loss Control Manual - Section XI-C

Yes No N/A **Storage of Liquid Chemicals**

Notes to Instructor:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | Point out the locations for storing waste oil, fuel and other large quantities of chemicals. |
|--------------------------|--------------------------|--------------------------|----|----------------------------------------------------------------------------------------------|

Key Points:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | Liquid chemicals that may spill should be stored in an area that limits the migration of the spill if accidentally released. It is best to store chemicals in a curbed area with a drain that does not go to the sewer. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | If various chemical products are stored in the same area, read the SDS for each product to determine whether they may be incompatible with one another. Some chemicals, when combined, form explosive mixtures. |

Resources:

CIRSA Safety Stops p. 11

Yes No N/A **Disposal of Chemicals**

Notes to Instructor:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | Become familiar with the personnel who coordinate the recycling or disposal of waste. |
|--------------------------|--------------------------|--------------------------|----|---------------------------------------------------------------------------------------|

Names: _____

Key Points:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | Do not dump chemicals down the drain or on the soil outside the building. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | Ask your supervisor how to dispose of certain chemicals that are left over. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. | You must have a recycling kit if you perform freon recharges of A/C systems. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. | Never add water to concentrated acid, always add acid to water. |

Yes No N/A **Pesticides and Herbicides**

Key Points:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|-------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | Read the safe use and warning information on the container before spraying. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | Wear protective gloves, eye protection and boots when spraying pesticides and herbicides. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. | Spray these chemicals only when the wind is calm. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. | Post signs in the spraying area if it is accessible to children. |

Resources:

CIRSA Safety Stops p. 56

CIRSA Pesticide Manual

Yes No N/A **Housekeeping Regarding Chemicals**

Key Points:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | Store similar types of chemicals together rather than storing flammable chemicals with chlorinated solvents, corrosives, chlorine, or pesticides. Always segregate incompatible chemicals. These chemicals are often listed on the "Reactivity" section of the SDS. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | Consolidate the same product in as few containers as possible. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. | Store chemical products out of aiseways where they could get bumped and spilled. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. | Ensure that overhead storage for chemicals is sturdy and will not collapse. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. | If a chemical label has been defaced or is unreadable, let your supervisor know. |

Hazardous Operations

Yes No N/A **Tree Trimming**

Notes to Instructor:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|----------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | Coordinate training for those who must perform tree trimming in proximity to electrical power lines and/or using aerial buckets. |
|--------------------------|--------------------------|--------------------------|----|----------------------------------------------------------------------------------------------------------------------------------|

Key Points:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | You must first be trained in fall protection, safe ladder use, aerial bucket use, and hazards of electrical power lines before performing tree trimming operations. |
|--------------------------|--------------------------|--------------------------|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Resources:

CIRSA Video "Safety Awareness for Seasonal Employees"
Online Training Center Course, "Safety Awareness for Seasonal Employees"

Yes No N/A **Working around Power Lines**

Notes to Instructor:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | Coordinate training on electrical hazards associated with power lines. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | Become familiar with the personnel qualified to work around power lines.
Names: _____ |

Key Points:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|-----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | You must know the acceptable clearance distances and the voltages of the electrical power lines before working around them. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | If you do not have insulated equipment, or are unfamiliar with safety around power lines, contact your supervisor. |

Yes No N/A **Tool or Machine Use**

Notes to Instructor:

- | | | | |
|--------------------------|--------------------------|--------------------------|------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Coordinate training on specific tools or machines for employees who will be operating them. |
|--------------------------|--------------------------|--------------------------|------------------------------------------------------------------------------------------------|

Key Points:

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Before using a tool or machine, you must first be trained to use it safely. Ask your supervisor if you have questions regarding safe or proper operations before use. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. If using a portable tool, make sure it has a ground plug and/or a ground fault circuit interrupter. Ensure that insulation on the housing of the tool is intact as well as the entire electrical cord and plug. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Do not operate machines without their guards in place around moving parts. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Remove combustible and flammable materials from the work areas when using spark or heat producing tools or equipment. |

Resources:

CIRSA Safety Stops pp. 23, 34, 47, 50, 57, 71, 76, and 82.

Yes No N/A **Welding**

Notes to Instructor:

- | | | | |
|--------------------------|--------------------------|--------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Coordinate training to ensure that welders are adequately qualified. |
|--------------------------|--------------------------|--------------------------|-------------------------------------------------------------------------|

Key Points:

- | | | | |
|--------------------------|--------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. You may weld only if you have been qualified by your supervisor to do so. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Welding should be performed in a well ventilated area preferably away from high traffic areas. It is preferred that welding fumes are exhausted outside the building and the draw of the exhaust be directed to the side (horizontal) away from the welder. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. If welding is on portable equipment that cannot be taken to a welding station, encourage maximum air movement by opening doors and operating ceiling fans and/or floor fans. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Ensure that all flammable and combustible materials are removed from the immediate welding area and that a fire extinguisher is readily available for use. |

Resources:

CIRSA Safety Stops p. 83

Yes No N/A **Confined Spaces**

Notes to Instructor:

- | | | | |
|--------------------------|--------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Coordinate training on confined space entry and review the current Confined Space Entry Program with the employees. |
|--------------------------|--------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------|

Key Points:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | When entering a space with limited entry and exit that has no forced or natural ventilation, you must follow confined space entry requirements. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | At the very minimum, you must test all areas of the space for lack of oxygen, flammable and toxic gases and verify testing on a permit. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. | Your Confined Space Entry Program and permits may be found _____. |

Resources:

CIRSA Safety Stops p. 15

CIRSA Loss Control Manual; Section VII A.

Online Training Center Course, "Confined Space Entry"

Yes No N/A **Excavations, Trenching and Shoring**

Notes to Instructor:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|---------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | Coordinate training on trenching and shoring and review the Trenching and Shoring Program with the employees. |
|--------------------------|--------------------------|--------------------------|----|---------------------------------------------------------------------------------------------------------------|

Key Points:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | When digging a trench greater than four feet in depth, you must slope the excavation in accordance with the Trenching and Shoring Program, or provide approved shoring or shielding to prevent cave-in. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | You must not enter an unprotected trench unless it has been approved by a competent person familiar with soil classifications. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. | You must verify safe conditions before entering a trench after it rains, snows or for other changing conditions that may prompt greater cave-in hazard. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. | The Trenching and Shoring Program is located _____. |

Resources:

CIRSA Safety Stops p. 77

CIRSA Loss Control Manual; Section VII B

Online Training Center Course, "Trenching & Excavation Safety"

Yes No N/A **Locating Underground Utilities**

Notes to Instructor:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|-----------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | Know the contact information for the locator service in your area.
_____ |
|--------------------------|--------------------------|--------------------------|----|-----------------------------------------------------------------------------|

Key Points:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | Before you make even a minor excavation, you must call a locator service to designate locations of pipelines, electrical cables, or other underground utilities. This excludes minor landscaping activities. |
|--------------------------|--------------------------|--------------------------|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

- ☐ ☐ ☐ 2. The _____ Department has a locator to further define locations of utilities.

Resources:

CIRSA Loss Control Manual Section V; pp. 18-20

Yes No N/A **Work Zone Protection**

Notes to Instructor:

- ☐ ☐ ☐ 1. Coordinate training on work zone protection and/or flagging for those involved in activities around traffic.

Key Points:

- ☐ ☐ ☐ 1. If you will be working around traffic, you will need to protect yourself and the public with signs, barricades, and/or cones in accordance with the Manual for Uniform Traffic Control Devices (MUTCD).
- ☐ ☐ ☐ 2. You must receive training on safe work procedures before working in traffic.
- ☐ ☐ ☐ 3. You must wear bright and/or reflective clothing or vests while in traffic.

Resources:

CIRSA Safety Stops pp. 84 and 29

CIRSA Loss Control Manual; Section VII C

Yes No N/A **Lockout/Tagout**

Notes to Instructor:

- ☐ ☐ ☐ 1. Coordinate training in lockout/tagout procedures and review the Lockout/Tagout Program with those involved in servicing equipment.

Key Points:

- ☐ ☐ ☐ 1. When servicing a piece of motorized or energized equipment, a lock and tag should be placed on the main power switch or disconnect so the equipment cannot be accidentally started while service is performed.
- ☐ ☐ ☐ 2. The Lockout/Tagout Program is located _____.
- ☐ ☐ ☐ 3. Only the employee applying the lock or tag is authorized to remove it.
- ☐ ☐ ☐ 4. Note that gravity is another hazard; and if material is in an elevated state, a jack or block may be should be used to keep it from falling.

Resources:

CIRSA Safety Stops p. 49

Online Training Center Course, "Lockout/Tagout Training"

Yes No N/A **Chlorine Safety**

Notes to Instructor:

- ☐ ☐ ☐ 1. Coordinate training on chlorine safety and emergency procedures and

review standard procedures with employees who will be dealing with gaseous chlorine.

Key Points:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | There are written procedures for the handling and change-out of chlorine cylinders. They are located _____. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | If you smell chlorine coming from a chlorine room, leave the area, notify your supervisor and/or Fire Department. Repair the leak if trained to do so, and only after donning Self Contained Breathing Apparatus (SCBA) and shutting down the supply. |

Resources:

CIRSA Safety Stops p. 12

Yes No N/A **Hearing Conservation**

Notes to Instructor:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | Coordinate training on hearing conservation for those involved in noisy operations. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | Coordinate hearing exams for the applicable employees. |

Key Points:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | The Hearing Conservation Program is located _____. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | If using equipment such as paving equipment, mowers, weed-eaters, backpack blowers, jackhammers, concrete saws, loaders or backhoes, wear Hearing Protection Devices (HPD's) such as earplugs or muffs. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. | These HPD's and plugs may be found _____. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. | Notify your supervisor if your HPD's are uncomfortable or ineffective in reducing noise levels. |

Resources:

CIRSA Loss Control Manual; Section XI.B.

CIRSA Safety Stops p. 58

Yes No N/A **Working at Heights**

Notes to Instructor:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|---------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | Coordinate training on fall protection techniques and equipment and review the Fall Protection Program. |
|--------------------------|--------------------------|--------------------------|----|---------------------------------------------------------------------------------------------------------|

Key Points:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|---------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | The Fall Protection Program is located _____. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | If working on an elevated area at least six feet high, ensure adequate fall protection is in place. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. | You may use a full body harness and lanyard, or establish a partition by the using a rope or guardrail. |

Resources:

CIRSA Safety Stops pp. 5,25

Online Training Center Course, "Fall Protection"

Miscellaneous

Yes No N/A **Radio Communications**

Key Points:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|----------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | The _____ Department will brief you on the use of radio communications. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | If you are performing an operation involving the potential for being overcome by fumes or the possibility of entrapment, utilize the buddy system. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. | With or without a buddy system, it is best to maintain radio communications for rescue or medical attention if necessary. |

Resources:

CIRSA Safety Stops p. 6

Yes No N/A **Weather Preparedness**

Key Points:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | In hot conditions, light-colored clothing is preferred that allows air circulation to the skin. Use sunscreen and wear a brimmed hat or cap when in the sun. Drink water frequently in very hot weather and take breaks under a shade tree and/or a cool area. If you have stopped sweating and feel nauseous and/or dizzy; get in a cool area immediately and drink water slowly till rehydrated. Seek medical attention if appropriate. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | In cold weather, it is important to realize that 90 % of your body heat leaves through your head, so wear a hat. It is best to utilize layering of clothing, and strip layers if need be. If your outer layer of clothing gets wet, strip that layer if possible, and put on dry clothing. If you become disoriented, move to a heated building as soon as possible. Do buddy checks on fellow employees for signs of frostbite; whitened areas such as noses, cheeks, fingers, etc. In cold, windy weather, it is important to cover as many exposed areas as possible to prevent frostbite. |

Resources:

CIRSA Safety Stops p. 38

CIRSA Safety Stops p. 13

Online Training Center Course, "Working in Extreme Temperatures"

Yes No N/A **Fire Extinguisher Use**

Notes to Instructor:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | Point out the locations and types of fire extinguishers in the departments represented in the orientation. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | Coordinate training on the use of fire extinguishers. |

Key Points:

- | | | | | |
|--------------------------|--------------------------|--------------------------|----|-----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | You must be trained in the types and use of fire extinguishers in order to use them. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | If uncomfortable with use of an extinguisher, or if you think the fire may get out of control, contact the fire department. |

Resources:

CIRSA Safety Stops p. 26

APPENDIX A

Resources for Performing the Safety Orientation

Your Entity's Resources:

Safety Policy and Safety Rules
Accident Reporting Procedures and Forms
Safety Performance Standards/Performance Evaluations
Federal and State Posters related to worker safety and workers' compensation
Name of Workers' Compensation Claims Processor
Name and location of designated physician or clinic
Return to Work Policy
SDS book or "Right to Know" station
Emergency and Evacuation Plan
Personnel Policy for Drug and Alcohol Use
Violence in the Workplace Policy
General Harassment Policy
Drug and Alcohol Testing Policy
Smoking Policy
Policy on Appropriate Work Clothing and any allowance for clothing or PPE
Policy on Conducting Yourself with Citizens and Media
Name of the your Spokesperson(s)
Policy on Vehicle Safety and Seatbelt Use
Vehicle Checkout System
Chlorine Emergency Plan
Infection Control Plan related to bloodborne pathogens
Confined Space Entry procedures
Trenching and Excavation Procedures
Manual for Uniform Traffic Control Devices (MUTCD)
Lockout/Tagout Procedures
Inclement Weather Policy related to outdoor work and/or driving

CIRSA Publications

Loss Control Manual
CIRSA Safety Stops
CIRSA Loss and Hazard Alerts
Safety Training Curriculum Guide
OSHA Reference Guide
Personal Protective Equipment Guide

CIRSA Videos – all have accompanying handbooks or CD's with supplementary written materials, forms, and guidance

Accident Investigation: Don't Play the Blame Game
Workplace Violence: Assessment and Prevention
Understanding Governmental Liability
Safety Awareness is Everyone's Responsibility
Managing Your Employment Liability Exposure
Preventing Injury through Body Mechanics, Ergonomics and Physical Fitness
Don't Meet by Accident: A Guide to Safe Driving
Implementing a Comprehensive Safe Driving Program
Waking Up to Emergency and Disaster Management
Safety Awareness for Seasonal Employees

Written OSHA Programs Available from CIRSA

Confined Space Entry Program	Hearing Conservation Program
Hazard Communication Program	Personal Protective Equipment Program
Lockout/Tagout Program	Fall Protection Program
Excavations, Trenching and Shoring Program	Laboratory Safety Program
Respiratory Protection Program	Workplace Violence Program

APPENDIX B

Safety Orientation Attendance Sheet

Type of orientation given (field) (admin) Module given (1) (2)

COURSE INSTRUCTOR _____

NAME (please print)	DEPT.	DATE	SIGNATURE