

## Post-Orientation – Safety Training Verification

*This form shall be completed by the supervisor and the new/transfer employee on the first day of employment. **IMPORTANT:** If this employee is transferred to another type of job, a new safety checklist must be completed.*

TRAINING HAS BEEN PROVIDED ON THE FOLLOWING TOPICS AND SAFETY PROGRAMS:	YES	N/A
Safety programs and policies	<input type="checkbox"/>	<input type="checkbox"/>
Safety rules, both general and specific to job assignment	<input type="checkbox"/>	<input type="checkbox"/>
Safety rule enforcement procedures	<input type="checkbox"/>	<input type="checkbox"/>
Proper work shoes and other personal protective equipment, as needed	<input type="checkbox"/>	<input type="checkbox"/>
Use of tools and equipment	<input type="checkbox"/>	<input type="checkbox"/>
Handling of product	<input type="checkbox"/>	<input type="checkbox"/>
Lifting and use of lifting equipment such as hoists and cranes	<input type="checkbox"/>	<input type="checkbox"/>
Hazard communications program	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Action Plan (EAP)	<input type="checkbox"/>	<input type="checkbox"/>
Fire prevention plan	<input type="checkbox"/>	<input type="checkbox"/>
Lockout/tagout program	<input type="checkbox"/>	<input type="checkbox"/>
Importance of housekeeping	<input type="checkbox"/>	<input type="checkbox"/>
Safe operation of vehicle	<input type="checkbox"/>	<input type="checkbox"/>
Special hazards of job	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

_____ Employee Name and Title		_____ Date
_____ Department:	_____ Type of Work	
_____ Supervisor Name		_____ Date