

# SUPERVISOR/MANAGER TRAINING ORIENTATION CHECKLIST FOR NEW EMPLOYEE

*(To be completed by supervisor/manager and kept on file in department for three years)*

EMPLOYEE'S NAME *(print)*: \_\_\_\_\_

DATE TRAINED: \_\_\_\_\_ CAMPUS/CENTER: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

SUPERVISOR/MANAGER NAME *(print)*: \_\_\_\_\_

<b>ORIENTATION ELEMENTS</b>	<b>NOTES</b> <i>(N/A = Not Applicable or Does Not Apply)</i>	<b>Employee's Initial</b>
<b>1. PERSONAL ISSUES and BENEFITS</b>		
a. Reporting to Work Policy		
b. Reporting of Work-Related Incidents		
c. Other		
<b>2. GENERAL SAFETY and HEALTH ORIENTATION</b>		
a. Overview of General Safety Policy		
b. Access to Medical and Exposure Records		
c. Incident Reporting and Investigation		
d. Emergency Procedures and Medical Plan		
e. Fire Extinguisher Training <i>(only employees in certain positions)</i>		
f. General Safety Hazards as relates to tools, machine guarding, electrical, etc.		
g. Confined Space Awareness <i>(only employees in certain positions)</i>		

**3. LOCKOUT/TAGOUT TRAINING and AWARENESS**

Is employee to be trained? (only applies to employees in certain positions)	<u>Yes</u>	<u>No</u>	If Yes, note training date:	
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**4. ELECTRICAL SAFETY and SYSTEMS**

Is employee to be authorized?	<u>Yes</u>	<u>No</u>	If Yes, note training date: Qualifications are:	
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**5. GENERAL HEALTH HAZARD TRAINING**

a. Hazard Communication		
b. Integrated Pest Management		
c. Other		

**6. SPECIAL VEHICLE and EQUIPMENT TRAINING**

Is Employee to be Authorized?	<u>Yes</u>	<u>No</u>		
For what Special Equipment?				
a. Forklift Training	<u>Yes</u>	<u>No</u>	If Yes, note training date:	
b. Scissor Lift Operation	<u>Yes</u>	<u>No</u>	If Yes, note training date:	

**7. PERSONAL PROTECTIVE EQUIPMENT**

a. Respirator  NOTE: If respirator is assigned as required, must complete medical clearance, training, and fit test. Contact Safety & Risk Services.	If providing voluntary dust mask attach the information sheet.  Yes? Note Date: _____.	
b. Work Shoes		
c. Clothing		
d. Hard Hat		

e. Hearing Protection					
f. Eye and Face Protection:	i. Chemical Splash	Yes	No		
	ii. Safety Glasses	Yes	No		
	iii. Face Shield	Yes	No		
g. Gloves:	i. Chemical	Yes	No		
	ii. Physical	Yes	No		

## 8. **WELDING SAFETY and HEALTH ISSUES**

Completed Welding Safety Training per OR-OSHA requirements (see <i>Health &amp; Safety Manual Chapter 16-Welding</i> )	Note training date: _____.	
Completed Compressed Gas Safety Training.	Note training date: _____.	

## 9. **OTHER TRAINING**
