

Cherokee County



DEPARTMENT SAFETY ORIENTATION FORM

Note: This training should be completed within the employee's first week of assignment.

(Check and complete all boxes that apply.)

Employee Status: ___ New ___ Transfer ___ Promotion ___ Other		Assignment Date:	Date Training Completed:
Position Title:			
Employee:	Employee Signature:		Department:
Supervisor Name:	Supervisor Signature:	Instructor Signature (if required)	
Specific Safety Training Required: ___ No ___ Yes (If yes, supervisor or qualified instructor must provide the following training.)			
<input type="checkbox"/> Department Safety Rules <input type="checkbox"/> Special Equipment <input type="checkbox"/> Driver Rules <input type="checkbox"/> Material Handling & Storage			
<input type="checkbox"/> Proper Lifting <input type="checkbox"/> Job Specific Hazards <input type="checkbox"/> Housekeeping Standards <input type="checkbox"/> Emergency Procedures			
<input type="checkbox"/> WC Accident & Vehicle Accident Reporting Procedures			
<i>Explain the following area safety specifics with the employee.</i>			
Hazard Communication: ___ Not Required ___ Required		Area Safety Equipment: ___ Not Required ___ Required	
<input type="checkbox"/> Location of Safety Data Sheets (SDS)		<input type="checkbox"/> Nearest Eye Wash and/or Safety Shower (If required)	
<input type="checkbox"/> Explanation of Hazardous Chemical Labeling		<input type="checkbox"/> Nearest Fire Extinguisher Location	
<input type="checkbox"/> Proper Chemical Storage		<input type="checkbox"/> Other:	
<input type="checkbox"/> Waste Disposal			
<input type="checkbox"/> Other:			
Fire/Emergency Evacuation Procedures: All Employees		Personal Protective Equipment (PPE):	
<input type="checkbox"/> Evacuation Actions		___ Not Required ___ Required	
<input type="checkbox"/> Main & Alternate Egress/exit Route(s)		<input type="checkbox"/> PPE Issued	
<input type="checkbox"/> Assembly Location for Department Employees		<input type="checkbox"/> Maintenance/Cleaning/Storage	
<input type="checkbox"/> Actions for Missing Personnel		<input type="checkbox"/> Replacement	
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:	
Other Safety Information Covered:			

Forward to Risk Management Department