

Glenn County Safety and Health Orientation Checklist

This checklist is by no means all-inclusive. Each department should add to or delete portions or items that do not apply to your operations. Also, refer to OSHA standards for complete and specific requirements that may apply to your operations.

Name: _____ Date Employed: _____

Department: _____ Job Title: _____

1. Emergency Response
 - Phone Numbers/ Reporting Emergencies
 - Evacuation Procedures
 - Hazardous Materials Spills/Releases Response
 - Fire Extinguishers
 - First Aid Response – Kits/Stations
 - Showers/Eyewashes/Emergency Equipment

2. Injury/Illness Prevention Program
 - Familiarity with Injury and Illness Prevention Program
 - Reporting
 - Accident Investigation
 - Hazardous Communication

3. Health and Safety
 - Policy
 - Other County Programs and Procedures
 - Employee Rights and Responsibilities
 - Management’s Responsibilities
 - Safety Communication

4. Training
 - Safe Work Practices
 - Warning Signs and Labels
 - Identifying Workplace Hazards
 - MSDSs
 - Personal Protective Equipment
 - Materials Handling

5. Additional Training

<ul style="list-style-type: none"><input type="checkbox"/> Hazard Communication<input type="checkbox"/> Chemical Hygiene Program<input type="checkbox"/> Laboratory Safety<input type="checkbox"/> Hazardous Waste Disposal<input type="checkbox"/> Animal Safety/Care<input type="checkbox"/> Hearing Conservation<input type="checkbox"/> Equipment Hazards<input type="checkbox"/> Lockout/Tagout Procedures	<ul style="list-style-type: none"><input type="checkbox"/> Power/Hand Tool Safety<input type="checkbox"/> Electrical Safety Practices<input type="checkbox"/> Recognition of Confined Spaces<input type="checkbox"/> Driver/Fleet Safety Other Trainings: <ul style="list-style-type: none"><input type="checkbox"/> _____<input type="checkbox"/> _____<input type="checkbox"/> _____<input type="checkbox"/> _____<input type="checkbox"/> _____
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I acknowledge that information on the above subjects was furnished to me during my Safety and Health Orientation.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____