

COLLEGE PLACE PUBLIC SCHOOLS #250

HAZARDOUS SUBSTANCES EMPLOYEE ORIENTATION CHECK LIST

Employee Name (print) _____

School _____ Position _____

Hire Date _____ Trainer _____

This checklist is to inform employees of College Place Public Schools #250 of the Hazard Communication Program.

The trainer/supervisor has reviewed the following Hazard Communication Program information with the employee:

1. The purpose of the hazard communication standard is to require manufacturers or importers to assess the hazard of chemicals they produce or import. All employers must provide information to their employee about the hazardous chemicals to which they may be exposed.

Employees must be informed about the hazard communication program, labels and other forms of warning, material safety data sheet (MSDS's), and that they must have training on the substances they may encounter.

2. The trainer/supervisor has reviewed the hazardous chemical list with the employee.
3. The trainer/supervisor has shown the employee the following:
 - a. Location of the hazardous chemicals in the work site;
 - b. Location of the written Hazard Communication Program;
 - c. Location of the material safety data sheets for all hazardous material in the employee's work place;
 - d. Location of the list of persons trained and authorized to handle hazardous chemicals.

NOTE TO EMPLOYEE: Do not sign unless all items, elements and questions have been discussed to the satisfaction of both parties.

Trainer/Supervisor _____ Date _____

Employee Signature _____ Date _____

COLLEGE PLACE PUBLIC SCHOOLS #250

EMPLOYEE ORIENTATION CHECK LIST

Employee Name: _____

Building: _____

Hire date: _____ Supervisor _____

This checklist once completed and signed by both the employee and the supervisor serves as documentation that an orientation has taken place.

- 1) Explanation of the district accident prevention program.
 - a) Orientation.
 - b) On-the-job training requirements.
 - c) Safety meeting where and when.
 - d) Accident investigation and reporting.
- 2) Personal protective equipment required and provided.
- 3) Responsibility for immediately reporting accidents.
 - a) When to report an injury or illness.
 - b) How to report an injury or illness.
 - c) To whom to report to.
 - d) How to complete an accident report form.
- 4) General overview of the work, procedures and any hazards related to specific job and duties.
- 5) Safety rules of the district and other sources.
 - a) First aid supplies and training.
 - b) Requirements for obtaining treatment.
 - c) Location of facilities or supplies.
 - d) Location of and list of first aid trained persons.
- 6) Emergency action plans.
 - a) Exit locations and evacuation routes.
 - b) Use of firefighting equipment and where located.
 - c) Specific procedure (fire, chemical, bomb threat, etc.)
- 7) Vehicle safety including both on and off the highway equipment. Including movers, tractors, etc.
- 8) Personal work habits.
 - a) Consequences of fighting and horseplay.
 - b) Smoking policy.
 - c) Good housekeeping practices.
 - d) Proper lifting requirements.

NOTE TO EMPLOYEE: Do not sign unless all items and questions are satisfactorily answered.

Supervisor's Signature _____ Date _____

Employee's Signature _____ Date _____

COLLEGE PLACE PUBLIC SCHOOLS #250

EMPLOYEE RESPONSIBILITIES CHECKLIST

As an employee of College Place Public Schools #250, I am responsible to:

1. Observe all District safety rules, and apply the principles of accident prevention to my day-to-day duties.
2. Report any job related injury, illness or property damage to supervisor and promptly seek treatment.
3. Report hazardous conditions and unsafe acts to my supervisor or a safety representative.
4. Observe all hazard warning and other safety related signs.
5. Keep aisles, walkways and work areas clear of tripping and falling hazards.
6. Know the location of fire and safety exits and evacuation procedures.
7. Keep all emergency equipment such as fire extinguishers, fire alarms, fire hoses, exit doors, and stairways clear of obstacles.
8. I will not report to work under the influence of alcohol or drugs, nor consume them while on District premises. (Exception: Prescription medicines under doctor's orders.)
9. I will refrain from fighting, horseplay or distracting others.
10. Operate only the equipment for which I am authorized and trained to operate. I will observe safe operating procedures at all times.
11. Follow proper lifting procedures and will seek help if the lift is too heavy.
12. I will not ride as a passenger on any vehicle ONLY if it is equipped with a rider's seat.
13. I will be alert to see that all guards and other protective equipment or devices are in their proper place before operating the equipment.
14. I will not wear frayed, torn, or loose clothing, jewelry, or long unrestrained hair near moving machinery or other sources of entanglement.
15. I will actively support and participate in the District's efforts to provide a safe and healthful workplace.

Employee Signature _____ Date _____