

Prosser School District
SAFETY ORIENTATION CHECKLIST

Employee's Name: _____
Job Location: _____

Employee's Job: _____

Subject	Employee's Initials
1. Accident Prevention Program	_____
2. Safety & Health Policy	_____
3. Responsibilities - Mgmt & Employee	_____
4. Safety & Health Committee	_____
5. Safety Bulletin Board	_____
6. Accident (Injury) Reporting & Investigation and First Aid Facilities	_____
7. Self-Insurance Workers' Compensation Coverage	_____
8. Hazard Reporting - Unsafe Conditions and Practices	_____
9. Emergency Actions	_____
10. Basic Safety Rules	_____
11. Personal Protective Equipment	_____
12. Hazard Communication Program, MSDSs	_____
13. Safety Training	_____
14. Other WISHA-Required Safety Programs <i>Fall Prot., Respiratory Prot., Chemical Hygiene, Bloodborne Pathogens</i>	_____

I have received training on and understand the items initialed above.

Date

Employee's Signature

Instructor's Signature