



NEW TEAM MEMBER SAFETY CHECKLIST

General Safety Training:

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| <input type="checkbox"/> Review general safety rules | <input type="checkbox"/> Proper lifting techniques |
| <input type="checkbox"/> How and when to report injuries | <input type="checkbox"/> Location of safety bulletin board & committee members |
| <input type="checkbox"/> Location of first aid kits | <input type="checkbox"/> Review use of protective equipment and apparel |
| <input type="checkbox"/> Location of AED's | <input type="checkbox"/> Review equipment operation safety |
| <input type="checkbox"/> Location of fire extinguishers | <input type="checkbox"/> Emergency action and fire prevention plan |
| <input type="checkbox"/> Address and phone numbers of preferred emergency care providers | <input type="checkbox"/> Hazardous communication program, MSDS, chemical list training |
| <input type="checkbox"/> How to report unsafe conditions | <input type="checkbox"/> Location of eye wash stations |
| <input type="checkbox"/> Emergency evacuation procedures | |
| <input type="checkbox"/> Housekeeping | |

This list is a general list intended for all team members. You will receive department specific safety information during your training.

I have instructed this team member on the items checked.

MANAGER SIGNATURE: _____ **DATE:** _____

I have received orientation on the items checked

EMPLOYEE SIGNATURE: _____ **DATE:** _____