

NEW EMPLOYEE SAFETY TRAINING RECORD

Department: _____

Instructor/Supervisor: _____

This completed form should be retained in the individual's personnel file as evidence of initial training required under the Injury and Illness Prevention Program.

Employee Name: _____

Please Print)

New Hire Transfer Other: _____

Date of Hire / New Assignment: _____

I, _____, hereby certify that this employee has
(Instructor)

been trained on the following: (Check appropriate boxes.)

I. Initial Training on Department's IIPP, Including: _____ Date: _____

- My right to ask any question, or report any safety hazards, either directly or anonymously without any fear of reprisal.
- The location of departmental safety bulletins and required safety postings (i.e., summary of occupational injuries and illnesses, and Safety and Health Protection Poster).
- Disciplinary procedures that may be used to ensure compliance with safe work practices.
- Reporting safety concerns.
- Accessing the department safety committee.
- Reporting occupational injuries and illnesses.

II. Hazard Communication Training _____ Date: _____

- The potential occupational hazards in the work area associated with my job assignment.
- The safe work practices and personal protective equipment required for my job title.
- The location and availability of Material Safety Data Sheets (MSDS).
- The hazards of any chemicals to which I may be exposed, and my right to the information contained on MSDSs for those chemicals.

III. Building Emergency Plan (BEP) _____ Date: _____

- Emergency escape routes and procedures and Emergency Assembly Area (EAA)
- How to report a fire and other emergencies
- Names or regular job titles of persons to be contacted for further information.

III. Other: _____ Date: _____

Employee Signature: _____ Date: _____

IIPP - Form 7

Rev. 10/02/01 | Completed copies of this form must be kept in Department files for at least one year.