



**NEW EMPLOYEE SAFETY ORIENTATION SAFETY FORM**

<b>Name of Employee (Please Print):</b>	<b>Employee ID#</b>
<b>Job Title:</b>	<b>Date:</b>
<b>Name of Department:</b>	<b>Person Conducting the Orientation:</b>
<p>The following topics are to be reviewed with all employees during their initial site orientation.</p> <p style="text-align: center;"><b>Topics</b></p> <ol style="list-style-type: none"> <li>1. Safety Policy Statement;</li> <li>2. Designated Accident and Illness Prevention Program Coordinator;</li> <li>3. Industrial Health Services;</li> <li>4. Accident and Illness Prevention Orientation and Training;</li> <li>5. Emergency Action Plan;</li> <li>6. Employee Suggestion Program;</li> <li>7. Safety Rules;</li> <li>8. Accident Reporting,</li> <li>9. First Aid/ Substance Abuse</li> <li>10. Other _____ (i.e. Hazards prevalent for the work being performed (fall protection, trenching, ladder usage, scaffold safety, etc.).</li> </ol>	
<b>Comments:</b>	

By signing this site orientation form, I hereby acknowledge that the basic safety controls outlined above have been reviewed with me and that I agree to obey by the contents of the District Safety Requirements.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

*Note: Any employee questions regarding the Safety Requirements should be directed to the Office of Risk Management*