



## Safety and Health Manual Safety Orientation Checklist

Worksite training begins on the first day of initial employment or new job assignment and should be completed within one (1) month. Once complete, the employee and Agency Safety Representative or Designee or Supervisor should sign and date.

EMPLOYEE/POSITION INFORMATION:			
Employee's Name:		Employee ID/PERNR:	
Job Title:		Date of Hire/New Job:	
Agency Name:			
Supervisor's Name:			
Agency Safety Representative or Designee:			
SAFETY ITEMS TO BE REVIEWED WITH EMPLOYEE			
	Items Covered:	Employee Initials and Date of Review	
<input type="checkbox"/>	<b>Commonwealth of Kentucky Safety and Health Manual</b> <ul style="list-style-type: none"> <li>• State Safety Program and Policy</li> <li>• Roles and Responsibilities of:               <ul style="list-style-type: none"> <li>○ Executive Safety Advisory Committee</li> <li>○ Agency Safety Committee                   <ul style="list-style-type: none"> <li>▪ Agency Safety Representative</li> </ul> </li> <li>○ Management</li> <li>○ Supervisor</li> <li>○ Employee                   <ul style="list-style-type: none"> <li>▪ Participation/Training/Meetings/Compliance</li> <li>▪ Reporting Hazards and Unsafe Conditions/Work Practices</li> <li>▪ Safety Suggestions</li> </ul> </li> </ul> </li> <li>• Sign and Return Acknowledgement Form <input type="checkbox"/></li> </ul>	Initial: _____ Date: _____	
<input type="checkbox"/>	<b>Agency/Facility Rules and Regulations</b> <ul style="list-style-type: none"> <li>• Other: _____</li> <li>• Other: _____</li> </ul>	Initial: _____ Date: _____	
<input type="checkbox"/>	<b>General Safety</b> <ul style="list-style-type: none"> <li>• Videos</li> <li>• Ergonomics and Workplace</li> <li>• Electrical</li> <li>• Hearing Conservation</li> <li>• Housekeeping</li> <li>• Personal Hygiene and Cleanliness</li> <li>• Personal Protective Equipment</li> <li>• Appropriate Apparel and Wearing of Jewelry</li> <li>• Other: _____</li> <li>• Other: _____</li> </ul>	Initial: _____ Date: _____	

<input type="checkbox"/>	<p><b>Hazards</b></p> <ul style="list-style-type: none"> <li>• Awareness of those that exist in the agency, area, and/or job</li> <li>• How to recognize those pertinent to your specific job</li> <li>• Materials</li> <li>• Hazard Communication Program (Right-To-Know)</li> <li>• Labels Practice</li> <li>• Material Safety Data Sheets</li> <li>• Training on Precautions for Specific Hazards</li> <li>• Lock-out/Tag-out</li> <li>• Other: _____</li> <li>• Other: _____</li> </ul>	<p>Initial: _____ Date: _____</p>
<input type="checkbox"/>	<p><b>Tools and Equipment</b></p> <ul style="list-style-type: none"> <li>• General Safety</li> <li>• Proper Material Handling</li> <li>• Operation of Material Handling Equipment</li> <li>• Maintenance</li> <li>• Confined Space Entry</li> <li>• Machine Guarding</li> <li>• Storage</li> <li>• Other: _____</li> <li>• Other: _____</li> </ul>	<p>Initial: _____ Date: _____</p>
<input type="checkbox"/>	<p><b>Emergency Procedures</b></p> <ul style="list-style-type: none"> <li>• Medical Facilities <ul style="list-style-type: none"> <li>○ Location of dispensary and/or first aid room or stations as well as Automated External Defibrillator (AED) devices</li> <li>○ Identification of First Aid trained personnel</li> </ul> </li> <li>• Fire <ul style="list-style-type: none"> <li>○ Prevention</li> <li>○ Location and use of fire extinguishers</li> <li>○ Reporting/location of fire alarm</li> <li>○ Location of emergency exits/evacuation procedure and assembly area for roll call</li> </ul> </li> <li>• Tornado or Windstorm <ul style="list-style-type: none"> <li>○ Shelter Procedure/Location</li> </ul> </li> <li>• Bomb Threat</li> <li>• Other: _____</li> <li>• Other: _____</li> </ul>	<p>Initial: _____ Date: _____</p>
<input type="checkbox"/>	<p><b>Accidents, Injuries and Illnesses</b></p> <ul style="list-style-type: none"> <li>• Reporting all to supervisor, immediately</li> </ul>	<p>Initial: _____ Date: _____</p>
<input type="checkbox"/>	<p><b>Recordkeeping</b></p> <ul style="list-style-type: none"> <li>• Accessibility of records and reports, Record Keeping Center</li> </ul>	<p>Initial: _____ Date: _____</p>
<input type="checkbox"/>	<p><b>Introduce Department Supervisors</b></p>	<p>Initial: _____ Date: _____</p>

<b>Other Agency/Facility/Job Specific Items:</b>		
<input type="checkbox"/>		Initial: _____ Date: _____
<input type="checkbox"/>		Initial: _____ Date: _____
<input type="checkbox"/>		Initial: _____ Date: _____
<input type="checkbox"/>		Initial: _____ Date: _____
<input type="checkbox"/>		Initial: _____ Date: _____

**Assigned Job and Instructed in Safe Job Procedure on:**

My signature below, acknowledges that the above items were covered during my orientation. Further, I understand my right and obligation to report unsafe conditions and that compliance with workplace safety and health rules are required as a condition of employment.

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

\_\_\_\_\_  
Date

My/Our signature(s) below, certify that the above items were covered during the employee's orientation.

\_\_\_\_\_  
Agency Safety Representative or  
Designee's Name (Printed)

\_\_\_\_\_  
Agency Safety Representative or  
Designee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Name (Printed)

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date