

Safety Orientation Form

Every new county-based faculty member, staff member, or volunteer will undergo a safety orientation conducted by their immediate supervisor or volunteer coordinator. As a part of this process, each new employee or volunteer will be assigned safety materials and indicate that they have read and understand each. This form will serve to document that this has occurred and will be held in the personnel file of each employee. Additionally, these documents will be made available to the District Safety Committee or WSU Environmental Health and Safety upon request.

Employee's or Volunteer's Name: _____
Date of Hire or Initiation of Volunteer Service: _____
County: _____ **Position Title:** _____

Brief Description of the Scope and Type of Work Conducted by the Employee or Volunteer:

Employee/Volunteer was assigned the following educational materials. Checked items are required for orientation of all employees or volunteers. The signature below indicates that the employee or volunteer read and fully understands these materials.

Check All That Apply:

- | | | |
|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Avoiding Slips, Trips and Falls | <input type="checkbox"/> Hazardous Waste Management | <input type="checkbox"/> Pesticide Handling Hazards |
| <input checked="" type="checkbox"/> Back Basics – An Ounce of Prevention | <input type="checkbox"/> Heat-related Illness | <input type="checkbox"/> Portable Ladder Safety |
| <input type="checkbox"/> Carbon Monoxide Poisoning – A Silent Killer | <input type="checkbox"/> Hearing Protection | <input type="checkbox"/> Respiratory Protection |
| <input type="checkbox"/> Eye and Face Protection | <input checked="" type="checkbox"/> Office Ergonomics | <input type="checkbox"/> Seasonal Influenza |
| <input type="checkbox"/> Food-borne Illness | <input type="checkbox"/> Pesticide Applications - Fields | <input checked="" type="checkbox"/> Safe Winter Driving |
| <input type="checkbox"/> Hand Protection | <input type="checkbox"/> Pesticide Applications - Greenhouses | <input checked="" type="checkbox"/> Workplace Hazard Assessment |
| <input type="checkbox"/> Hanta Virus | <input type="checkbox"/> Pesticide Applications - Nurseries | <input type="checkbox"/> Other (Specify Below) |

I read and fully understand the assigned materials:

Employee's or Volunteer's Signature: _____ **Date:** _____

Supervisor's Signature: _____ **Date:** _____