

EMPLOYEE SAFETY ORIENTATION CHECK LIST

Employee Name: _____

Supervisor: _____

Department: _____ Date: _____

- 1. **Explained General Safety Practices**
- Operations Hazards:
- Job/Task Hazards:
- Housekeeping:
- Smoking Rules:
- Other: _____

- 2. **Explained District Safety Objectives and Policies**
- Notes: _____

- 3. **Explained Accident Reporting Policy**
- Notes: _____

- 4. **Explained District Emergency Procedures**
- Personal Injury
- Property Damage
- Fire
- Explosion
- Chemical Release
- Natural Disaster
- Weather Conditions
- Employees with Disabilities
- Evacuation Procedures
- Showed Location of Fire Alarm Boxes and Extinguishers
- Described Various Emergency Alarms
- Other: _____

- 5. **Explained Special Safety Training Required to Perform Job Duties (if any)**
- Notes: _____

6. **Identified Hazardous Substances in Workplace**
Material Safety Data Sheets
Proper Labeling
Proper Storage

EMPLOYEE'S SIGNATURE/DATE

PRINCIPAL'S SIGNATURE/DATE

Original: Business Manager's File
Copy: Employee's Personnel File
Copy: Employee

End of McClusky School District #19 Exhibit DEAE-E