Department:       Shop:

Safety Orientation and Training Record

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| Employee Name:       Date: | | | |
| Shop Safety Coordinator: | | | |
| **#** | **Training** | **Yes** | **Date** |
| 1 | Orientation to the location and content of the Shop Safety program documents: Safety Plan, Standard Operating  Procedures (SOPs). |  |  |
| 2 | Orientation to the location of MSDS/SDS. |  |  |
| 3 | Location of Safety Equipment. |  |  |
| 4 | Emergency procedures, exits, and phone numbers. |  |  |
| 5 | Specific shop terminology / safety rules. |  |  |
| 6 | Accident/incident reporting (OARS) procedures. |  |  |
| 7 | Machine-specific orientation and safe use practices |  |  |
| 8 | Machine specific LOTO procedures. |  |  |
| 9 | Waste disposal procedures. |  |  |
| 10 | Working Alone policy. |  |  |
| 11 | Visitor policies. |  |  |
| 12 | Housekeeping and repairs policies. |  |  |
| 13 | Appropriate clothing policies. |  |  |
| 14 | Food and Beverage policies. |  |  |
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