



DEPARTMENT SAFETY ORIENTATION FOR NEW EMPLOYEES

Name: _____

Dept: _____ Division: _____

Job Title: _____ Date: _____

TO EMPLOYEE: Give this form to your supervisor when you report for work. Your supervisor or department safety representative will give you a "Department Safety Orientation". The information is essential and specific to your department and your job duties.

TO SUPERVISOR: Check off each item below as it applies and discuss with employee. Please review completely. **Sign the form and forward it to the Safety Office at M/S 610 within five (5) working days.**

- Department safety bulletin board, first aid supplies, fire extinguishers, automated external defibrillators (AED), eyewash stations, chemical storage areas.
- Material Safety Data Sheets, the County's Safety & Health Procedures.
- Other safety and health information relevant to the job.
- First aid/CPR/AED trained personnel.
- Caution and proper use when handling or storing hazardous chemicals such as: solvents, paints, cleaners, copier toner, etc. Instruct on the proper labeling of hazardous materials.
- Potential health hazards of hazardous chemicals.
- Emergency action to take following accidental spill or exposure.
- Location of the Material Safety Data Sheets (MSDS) for each product. **Chemical hazard information must be given whenever new products are brought into the workplace, before they are used.** The employee has the right-to-know about chemical hazards in the workplace.
- Department emergency procedures, routes of evacuation and evacuation assembly point; sweepers and runners (where applicable).
- Department Safety Committee members and department safety representative(s).
- Safe work practices, follow safety procedures, report hazards.

- Personal protective equipment (gloves, safety glasses, respirators, earplugs, safety vests, etc.).
- Specific hazards and safety issues relating to the job duties and workplace, for example: lock-out/tag-out procedures, chemical hazards, office safety, bloodborne pathogens, etc.
- Safety training.
- On-the-job injuries. Reported to the supervisor ***immediately***: Accident Report, L&I claim procedure. If medical treatment is sought, the supervisor will assist in filing the appropriate Worker's Compensation claim forms.
- Lifting Techniques: bend at the knees, keep back straight; don't twist; ask for help if too heavy.
- For questions and to report safety hazards to Safety Office at 388-3549.

I certify that my supervisor or designee has reviewed with me the above information. I understand my responsibilities as outlined.

Employee Signature

Date

I certify that I have instructed the above-named employee on Safety in the workplace. In addition, the employee will receive all necessary safety training applicable to their job.

Supervisor's Signature

Date

NOTICE: Return this form to the Safety Office within 5 working days (M/S 610)

[REFERENCES : a) Code of Federal Regulations, 29CFR 1910.1200, Hazard Communication; b) WA Administrative Code WAC 296-800-170, Chemical Hazard Communication; c) Snohomish County Safety & Health Procedure #3, Safety and Health Orientation; and d) Snohomish County Safety & Health Procedure #10, Hazard Communication.]