

Student Affairs New Employee Safety Training Record

OVERVIEW: INJURY AND ILLNESS PREVENTION PROGRAM

Your Name: _____ Job Title: _____
(Please Print: First Name and Last Name)

Department: _____ Work location: _____

Your Manager: _____ Initial Training: Injury and Illness Prevention Program Date: _____
(Please print your manager's name.)

The instructor certifies that this employee has been trained on the following:

- My rights to ask any questions, or report any safety hazard, either directly or anonymously without any fear of reprisal.
- The locations of departmental safety bulletins and required safety postings (i.e., summary of occupational injuries and illnesses, Cal-OSHA's Safety and Health Protection Poster, and Safety Committee minutes).
- General hazards associated with my job. Examples: wet floors, slip, trip and fall, ergonomics, back safety and lifting. Specifics are presented at the Unit. Including emergency procedures for fire and earthquake.
- The right to the information contained on Material Safety Data Sheets for chemicals you may be exposed to while on the job.
- Reporting hazards and safety concerns. Help keep the workplace and co-workers safe, report hazards or conditions that could hurt or injure other employees and guests. Remove, repair and report.
- Accessing the Safety Committee. You are represented.
- Reporting occupational injuries and illnesses. Assist with accident investigation.
- Disciplinary procedures that may be used to ensure compliance with state law and safe work practices.

I understand the above items and agree to comply with safe work practices in my work area.

➤ _____
Your Signature

Date

Retain this completed form in personnel file as evidence of initial training required by Injury and Illness Prevention Program.

Form updated January 2015