

**Bainbridge Island Metropolitan Park & Recreation District**

**NEW EMPLOYEE SAFETY ORIENTATION CHECK LIST**

Name New Employee \_\_\_\_\_

The supervisor or his/her designee is responsible for orienting new employees to on-the-job health and safety requirements that are applicable to their position.

(The new employee's supervisor will keep this form until all training is completed, checked off, and entered into timesheet software. Original form will then be turned into the Human resource manager to be included in personnel file).

**Check Required Safety Training:**

	<u>Date Scheduled</u>	<u>Date Completed</u>
<b>WA State Dept. of Labor &amp; Industries:</b>		
_____ Read Park District Safety Manual (includes Accident Prevention Program) WAC 296-800-140	_____	_____
_____ Emergency Preparedness Action Plan	_____	_____
_____ Portable fire extinguisher training: locations, types, and use.	_____	_____
_____ First Aid/CPR training and kit locations	_____	_____
_____ Blood Borne Pathogen Program	_____	_____
_____ Hepatitis B Shot	_____	_____
_____ Personal protective equipment (PPC) Program	_____	_____
_____ Chemical Hazard Communication Program	_____	_____
_____ Lockout/Tagout Program	_____	_____
_____ Safe Equipment Operation	_____	_____
_____ Fall Protection Program	_____	_____
_____ Respirator Program	_____	_____
_____ Confined Spaces Program	_____	_____
_____ Other: _____	_____	_____
<b>Training in Other Areas:</b>		
_____ Driver orientation/trailer training for driving BIMPRD vehicle	_____	_____
_____ Other: _____	_____	_____
_____ Other: _____	_____	_____

**Employee agrees to complete training sessions as designated above:**

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

**Supervisor acknowledges training sessions have been completed and entered into software:**

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_