

Employee Safety Training Record

Okaloosa County

Employee Name _____ Hire Date _____
Last First Middle Initial

Department _____ Supervisor _____

The following list of topics is to be reviewed with each newly hired Okaloosa County employee by their immediate supervisor. Supervision within each department will determine which are applicable. The first eight are mandatory for all newly hired Okaloosa County employees.

GENERAL	DATE COMPLETED	EMPLOYEE INITIALS
1. Safety rules were reviewed with the employee, both County-wide and workplace specific.		
2. Reviewed injury reporting procedures.		
3. Reviewed personal protective equipment, use, limitations and inspection.		
4. Reviewed Hazard Communication Program, specific chemical hazards, employee right to know.		
5. Reviewed specific job hazards.		
6. Reviewed evacuation/emergency procedures and duties.		
7. Reviewed location of first aid kits/other emergency equipment.		
8. Reviewed disciplinary program and grievance procedures.		
AS APPLICABLE <small>Enter N/A on all non-applicable training in the Date Completed column.</small>	DATE COMPLETED	EMPLOYEE INITIALS
9. Confined space program and procedures.		
10. Vehicle accident reporting procedures.		
11. Powered industrial lift truck policy and procedures.		
12. Hearing Conservation Program requirements.		
13. Lockout/Tagout procedures specific to workplace.		
14. Electrical Safety/Safety Related Work Practices.		
15. Bloodborne pathogens/Infection control.		
16. Material Handling/Proper Lifting Techniques.		
OTHER SPECIFIC EQUIPMENT/PROCEDURES/HAZARDS	DATE COMPLETED	EMPLOYEE INITIALS
17.		
18.		
19.		
20.		
ACKNOWLEDGMENTS		

I acknowledge that I received the information initialed on this sheet and will abide by all Okaloosa County safety rules and regulations.

Employee Signature: _____ **Date:** _____

I have instructed/informed the above named employee on all topics applicable to his/her workplace as listed on this checklist.

Supervisor Signature: _____ **Date:** _____

Recurring Training Covered on Back

Employee Safety Training Checklist

continued

Recurring Training

Course Title:	Period	Dates Conducted: (N/A if not applicable)											
CPR/ First Aid/AED	Annual												
Bloodborne Pathogens	Annual												
Fire Extinguisher	Annual												
Respiratory Protection	Annual												
Industrial Lift Truck	3 yrs.												

Personal Protective Equipment

Issued to Employee

Circle all that apply:

- | | | |
|----------------|-------------------------------|--------------|
| Hard Hat | Reflective vest | Other: _____ |
| Safety Glasses | Safety shoes | _____ |
| Goggles | Leather gloves | _____ |
| Face Shield | Welding - goggles/face shield | _____ |
| Ear | apron, leather coat | _____ |
| Plugs/Muffs | | |

Respiratory Equipment:

Equipment	Brand Name	Type / Model	Size	Canister Used (If applicable)
Respirator				
Respirator				
Respirator				
SCBA				
Dust Mask				
Riot Control Mask				

Instructions:

1. Employee must be presented with safety orientation at hire.
2. Both employee and supervisor must sign.
3. Original form will be kept in department.
4. All recurring training is to be documented on this form.