

EMPLOYEE SAFETY/SECURITY ORIENTATION

Name: _____ Date: _____

Job Title: _____ Date Hired: _____

Employee Status: New Hire Changing Positions Temporary

- 1. **Purpose of Orientation**
- 2. **Reporting Accidents/Potentially Dangerous Situations**
 - Timely Manner
 - Written Report to Supervisor
 - Obtaining Medical Treatment (L& I Claim Forms)
- 3. **First Aid**
 - Location of Employees with First Aid Certification
 - Location of the Building's First Aid Kit
 - Obtaining Treatment
- 4. **Potential Hazards On-the-Job & In The Facility**
 - Job Related Hazards & How to Deal with Them (List)
 - Workplace Violence: Strangers, Clients, Co-Workers, Personal Relations/Recognizing indicators
 - How to Work Safely/Rules for Preventing Violence & Dealing w/Threatening Individuals
 - Care and Use of Personal Protective Equipment
 - How to Report Violent Acts or Threats using the proper forms
- 5. **In Event of Emergency: What to Do**
 - Exit Locations & Evacuation Routes
 - Use of Fire Extinguishers
 - Specific Medical, Chemical, Fire, or Other Procedures
 - Summoning Others For Help
 - Notification of Law Enforcement
 - The Buddy System
 - Operation and Location of Alarms, Panic Buttons, etc.
 - Review Safety and Emergency Disaster Plan (flipchart/notebook)
- 6. **The Total Safety Program**
 - Function of Safety Committee and Meetings
 - Introduction of Safety Committee Representative
 - Safety Rules and Their Value
 - Incident Team
 - Employee Assistance Program 1-800-523-5668
 - The Department's Pre-employment Screening Practices
- 7. **Personal Work Habits**
 - Horseplay, Good Housekeeping, Smoking Policy
 - Proper Lifting Techniques
 - Safe Work Procedures
- 8. **Vehicle Safety**
 - Seatbelt Use
 - Obeying Traffic Laws
 - Accident Reporting
- 9. **HIPAA**
 - Privacy Policy
 - Confidentiality In Your Work Area
 - County Privacy Officer: Kelli Campbell X5242
- 10. **Copy To Employee**

I have instructed this employee on the items checked above and believe he/she can perform assigned duties safely.

Supervisor: _____

Date: _____

Employee: _____

Date: _____

Please Return Original to Whitman County Human Resources