

VALLEY CITY PUBLIC SCHOOL DISTRICT #2 VALLEY CITY, NORTH DAKOTA 58072 EMPLOYEE SAFETY ORIENTATION CHECK LIST	Descriptor Code DEAE-E	1st Reading 8/9/18
	Adopted 8/9/18	Revised/Rescinded

EMPLOYEE SAFETY ORIENTATION CHECK LIST

Employee Name: _____

Supervisor: _____

Department: _____ Date: _____

1. **Explained General Safety Practices** ☐
Operations Hazards: ☐

Job/Task Hazards: ☐
Housekeeping: ☐
Smoking Rules: ☐
Other: _____

2. **Explained District Safety Objectives and Policies** ☐
Notes: _____

3. **Explained Accident Reporting Policy** ☐
Notes: _____

4. **Explained District Emergency Procedures** ☐

Personal Injury ☐
Property Damage ☐

Fire ☐
Explosion ☐
Chemical Release ☐
Natural Disaster ☐

Weather Conditions	<input type="checkbox"/>
Employees with Disabilities	<input type="checkbox"/>
Evacuation Procedures	<input type="checkbox"/>
Showed Location of Fire Alarm Boxes and Extinguishers	<input type="checkbox"/>
Described Various Emergency Alarms	<input type="checkbox"/>
Other:_____	

5. **Explained Special Safety Training Required to Perform Job Duties (if any)** ☐

Notes: _____

6. **Identified Hazardous Substances in Workplace** ☐

<i>Material Safety Data Sheets</i>	<input type="checkbox"/>
Proper Labeling	<input type="checkbox"/>
Proper Storage	<input type="checkbox"/>

EMPLOYEE'S SIGNATURE/DATE

SUPERVISOR'S SIGNATURE/DATE

[BUSINESS MANAGER'S] [PRINCIPAL'S SIGNATURE]/DATE

Original: Business Manager's File
 Copy: Employee's Personnel File
 Copy: Employee