Supervisor: _____________________________  Department __________________________

☐ Specific safety and health rules applicable to this department or area, including reasons for having the rules:

  ( ) Particularly hazardous work area, appliances, heat, and electrical safety
  ( ) Special materials, chemical storage and dressing codes
  ( ) Watch for fellow workers and no horseplay areas

☐ Personal protective equipment (gloves, ear plugs, masks.. etc) issued why required on this job

☐ Procedure for obtaining; cleaning; repairing; replacing personal protective equipment and clothing

☐ What to do in the event of any injury/illness

☐ What to do in the event of a non-injury accident (incident)

☐ How to handle unsafe/unhealthy conditions

☐ How to report fires and other emergencies

☐ Clean-up and housekeeping rules

TOUR DEPARTMENT AND RELATED FACILITIES: DISCUSS HAZARDS

Where to keep personal belongings, such as lunch, outerwear, clothes changes (if required), and required tools

Location of MSDS sheets and other Department Safety Information
Location of first aid and/or medical facilities
Location of fire extinguishers and telephone with emergence number posted
Location of fire exit(s) and marshalling areas

Employee: Name ________________________  Signature ____________________________

Supervisor: ______________________________  Date _____________________________