WSU LIBRARIES
EMPLOYEE SAFETY TRAINING & ORIENTATION CHECKLIST

Employee Name: _______________________________________ Start Date:__________________________
Position Title: _______________________________________ Library Unit:____________________________

Safety Representative:_______________________________________________________________________
First Aid qualified coworkers:________________________________________________________________
Is this employee required to receive First Aid training?     __________ YES           __________ OPTIONAL

FOR EMERGENCY ASSISTANCE:   DIAL 911

Location of Unit Health and Safety bulletin board:_____________________________________________
Location of nearest pull station(s) for fire alarms:_____________________________________________
Location of nearest First Aid kit(s):__________________________________________________________
Location of nearest fire extinguishers:________________________________________________________
Location of nearest AED device:______________________________________________________________
Location of TWO emergency exits:____________________________________________________________
Evacuation gathering area and unit warden:____________________________________________________
Other emergency equipment (flashlights, etc.): _________________________________________________
Biohazard kit nearest location and use: _______________________________________________________
Bomb threat card/procedures:________________________________________________________________
Emergency Procedures Flip Chart – location and overview of contents:____________________________
Hazardous equipment, machinery, or chemicals:_________________________________________________
Procedures for potentially dangerous or threatening persons:__________________________________
Personal protective equipment:________________________________________________________________
Reporting accidents:________________________________________________________________________
Reporting hazards:_________________________________________________________________________

I have instructed the employee on the above information.

________________________________________________  ___________________________
Supervisor OR Designated Safety Representative Signature           Date

I have received orientation on the above information.

________________________________________________  ___________________________
Employee’s Signature                Date

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Distribution:
Temporary/Hourly Employees:     Staff/Faculty/Admin Prof Employees:
Original to employee               Original to employee
Copy retained in departmental file Copy retained in departmental file
Copy to Library Administrative Office

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bb:SAFETY ORIENTATION. Revised 07.2015