NEW EMPLOYEE SAFETY TRAINING RECORD

Department:
Instructor/Supervisor: This completed form should be retained in the individual's personnel file as evidence of initial training required under the Injury and Illness Prevention Program.
Employee Name: Please Print)
Please Print)
O New Hire O Transfer O Other: Date of Hire / New Assignment:
I,, hereby certify that this employee has
(Instructor) been trained on the following: (Check appropriate boxes.)
I. Initial Training on Department's IIPP, Including: Date:
 My right to ask any question, or report any safety hazards, either directly or anonymously without any fear or reprisal. The location of departmental safety bulletins and required safety postings (i.e., summary of occupational injuries and illnesses, and Safety and Health Protection Poster). Disciplinary procedures that may be used to ensure compliance with safe work practices. Reporting safety concerns. Accessing the department safety committee. Reporting occupational injuries and illnesses. II. Hazard Communication Training Date: The potential occupational hazards in the work area associated with my job assignment. The safe work practices and personal protective equipment required for my job title. The location and availability of Material Safety Data Sheets (MSDS). The hazards of any chemicals to which I may be exposed, and my right to the information contained on MSDSs for those chemicals.
III. ☐ Building Emergency Plan (BEP) Date:
 Emergency escape routes and procedures and Emergency Assembly Area (EAA) How to report a fire and other emergencies Names or regular job titles of persons to be contacted for further information.
III. Other: Date:
Employee Signature:Date:
IIPP - Form 7 Rev. 10/02/01 Completed copies of this form must be kept in Department files for at least one year.