

# APPENDIX B

## DEPARTMENT OF HEALTH AND SOCIAL SERVICES SAFETY ORIENTATION CHECKLIST

Employee's Name: \_\_\_\_\_  Permanent  Temp.  
 Transfer

Supervisor: \_\_\_\_\_ Orientation Day Month  
Year

Date: \_\_\_\_\_

### Items Reviewed with the Employee

	Yes	No
1. Has the employee been advised that working safely is a condition of employment?	_____	_____
2. Has a review of the emergency action plan taken place?	_____	_____
3. Have the accident/incident reporting procedures been reviewed? (See Chapter 5.0 of the Safety Plan for details)	_____	_____
4. Have the following steps been reviewed with the worker? Recognizing potential hazards? Eliminating potential hazards? Controlling potential hazards? Minimizing exposure to potential hazards?	_____ _____ _____ _____	_____ _____ _____ _____
5. Has the employee been made aware of the location of the Department Safety Plan?	_____	_____
6. Has the location of a fire alarm been told to the employee?	_____	_____
7. Have housekeeping requirements been reviewed?	_____	_____
8. Has employee (if residential treatment staff member) been advised of procedures to be used in dealing with combative clients?	_____	_____
9. Has the site-specific Blood-borne Pathogens Exposure Control Plan been reviewed? (If applicable)	_____	_____
10. Has any worker been advised of the procedures to be used in working with hazardous chemicals? (If applicable)	_____	_____
11. Have any other items or directives been given?	_____	_____

Describe this information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THIS FORM WILL BE RETAINED ON FILE AT THE WORKSITE LOCATION**

**EMPLOYEE SIGNATURE:** \_\_\_\_\_

**SUPERVISOR SIGNATURE:** \_\_\_\_\_

**APPENDIX B (continued)**  
**DEPARTMENT OF HEALTH AND SOCIAL SERVICES**  
**SAFETY MEETING LESSON PLAN**

1. Course Title: \_\_\_\_\_ Date: \_\_\_\_\_

2. Course Objective: \_\_\_\_\_ Time: \_\_\_\_\_  
to \_\_\_\_\_

Instructor: \_\_\_\_\_

Division: \_\_\_\_\_

3. Training Aids / Course Materials

Video

Name of Video: \_\_\_\_\_

Charts

Equipment / Tools

4. Introduction

5. Body

Point 1 — \_\_\_\_\_  
Example / Application

Point 2 — \_\_\_\_\_  
Example / Application

Point 3 — \_\_\_\_\_  
Example / Application

6. Discussion: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Summary: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Follow-up Safety Topics: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_