

# California Institute of Technology Facilities Safety Orientation Checklist

**Instructions**

EMAIL TO [safety@caltech.edu](mailto:safety@caltech.edu) ONCE COMPLETED.

Please discuss the items on this sheet with your employee. Check off the items or mark N/A if they do not apply to your work environment. (Note: The Emergency Procedures section applies to all employees.) In addition to the list below, every employee must receive work-area-specific safety training before starting work.

**Personal Information**

|                                   |                                    |
|-----------------------------------|------------------------------------|
| <b>Trainee's Last Name:</b> _____ | <b>Trainee's First Name:</b> _____ |
| <b>Position:</b> _____            | <b>Shop:</b> _____                 |
| <b>Trainer's Last Name:</b> _____ | <b>Trainer's First Name:</b> _____ |

**Emergency Procedures**

- For Campus emergencies, dial 5000
- Location of the nearest emergency exit and alternate route
- Emergency assembly point for the building: \_\_\_\_\_.
- Location of fire extinguishers, eyewash and shower stations, first aid kits, and pull stations
- Notify supervisor of any injury/illness at work
- Update emergency contact information at <http://access.caltech.edu>
- Safety Data Sheet locations (<http://www.safety.caltech.edu/sds>)

**Hazard Specific Training**

For a list of trainings available through the Safety Office go to [www.safety.caltech.edu](http://www.safety.caltech.edu)

| <b>Check Applicable Topics</b> | <b>Topic</b>  | <b>Training By (Supervisor, Safety Office, other)</b> | <b>Date Trained</b> |
|--------------------------------|---|---|---------------------|
| <input type="checkbox"/>       | New Employee Safety Orientation   |   |                     |
| <input type="checkbox"/>       | Bloodborne Pathogens (working with human cells, blood, tissue and fluids) |   |                     |
| <input type="checkbox"/>       | Hazard Communication Training   |   |                     |
| <input type="checkbox"/>       | Cryogenics  |   |                     |
| <input type="checkbox"/>       | Hearing Conservation Training   |   |                     |
| <input type="checkbox"/>       | Personal Protective Equipment   |   |                     |
| <input type="checkbox"/>       | Ladder Safety Training  |   |                     |
| <input type="checkbox"/>       | General Electrical Safety Training  |   |                     |
| <input type="checkbox"/>       | Back Safety Training  |   |                     |
| <input type="checkbox"/>       | Industrial Truck Training   |   |                     |
| <input type="checkbox"/>       | Confined Space Training   |   |                     |
| <input type="checkbox"/>       | Forklift Training   |   |                     |
| <input type="checkbox"/>       | Other:  |   |                     |
| <input type="checkbox"/>       | Other:  |   |                     |
| <input type="checkbox"/>       | Other:  |   |                     |
| <input type="checkbox"/>       | Other:  |   |                     |
| <input type="checkbox"/>       | Other:  |   |                     |

I reviewed and understand the above-listed Safety Orientation items.

|                                  |                    |
|----------------------------------|--------------------|
| <b>Trainee's Signature</b> _____ | <b>Date:</b> _____ |
| <b>Trainer's Signature</b> _____ | <b>Date:</b> _____ |