

EMPLOYEE SAFETY TRAINING CHECKLIST: OFFICES

(Supervisor should file this form for each employee and update as needed)

Under California law and campus policy, **supervisors must provide documented safety training for:** new employees; employees given new job assignments for which training has not previously been received; whenever new hazards are introduced, or are recognized. Training can be formal or informal, and individual or group-based. This checklist provides a good start towards documenting training but it may not address every possible safety issue in the workplace. Also, there is a separate training checklist for [shop/trade](#) personnel, please do not use this checklist for these individuals. Questions on this program should be directed to your local Department Safety Representative (DSR), or EH&S (x-4899).

Employee Name _____
Supervisor Name _____

Job Title _____
Job Title _____

General Safety: (applies to all)

Per specific Cal-OSHA regulations, all campus employees must receive **documented training** on the UCSB safety programs listed in this box. Most of the required training is covered **FOR** supervisors by having the employee view one of the modules (*footnote #2*). **It is strongly recommended that all individuals view their respective modules BEFORE completing this form.** Mark off all items listed below with the employee:

- employee has viewed either training module:
 - Non-supervisor (TR-29): Safety Rights & Responsibilities
 - Office Supervisor (TR-25): Safety Rights & Responsibilities

DATE module was taken: _____

- knows the *UCSB Health & Safety* binder is located: _____
- reviewed the Department's Emergency Action Plan
- knows the location of written Department IIPP
- reviewed role and identity of our Departmental Safety Representative
- reviewed the function/location of the [Hazard Reporting](#) form
- reviewed the function/location of the Department Safety Bulletin Board

Specific Safety Issues: (if applicable)

For Further Information:

- Ergonomic issues (e.g. workstation evaluation.; back safety)..... EH&S Ergonomics Coordinator
- [Campus smoking policy](#)No smoking in campus buildings

Other Applicable/Local Safety Training: e.g., personal protective equipment; Safety Data Sheets for chemical users, etc. (note the subject/date/trainer)

I understand this training and agree to comply with safe work practices.

Supervisor's signature

Date

Employee's Signature

Date

Footnotes:

1. This document and the associated **Self-Inspection Checklist: Offices** can be found at: <http://ehs.ucsb.edu> click on: "Health and Safety Binder", then "Injury and Illness Prevention Program"—checklists are in IIPP Appendices

2. Modules can be found at: <http://ehs.ucsb.edu/training/srr.html>