



ACC 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)

New Hire Transfer Other: _____

Date of Hire / New Assignment: _____

I, _____, hereby certify that this employee has 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 of 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. Emergency Plan Date: _____

- Emergency escape routes and procedures and Emergency Evacuation Rally Point.
• How to report a fire and other emergencies
• Names or regular job titles of persons to be contacted for further information.

IV. Other: _____ Date: _____