

INITIAL SAFETY TRAINING LOG

New Employee Name _____ Date _____

Position _____ Supervisor _____

I, certify that the new employee noted above received a thorough safety orientation by me. Below are the subjects covered during the orientation.

The following subjects were reviewed:

- | | |
|---|---|
| <input type="checkbox"/> Personal clothing; shoes, etc. | <input type="checkbox"/> Housekeeping |
| <input type="checkbox"/> Lifting Procedures | <input type="checkbox"/> Fire Prevention |
| <input type="checkbox"/> Reporting Injuries or Illness | <input type="checkbox"/> Chemicals |
| <input type="checkbox"/> Fire Safety/Extinguishers | <input type="checkbox"/> Codes of Safe Practice |

The following are the job, or task specific, subjects reviewed with the new employee:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The new employee was shown the following audio video programs or given the safety materials noted below:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signed _____
Supervisor

Date _____

Signed _____
New Employee

Date _____