

SAFETY/ADMINISTRATIVE PROCEDURES CHECKLIST FOR SUPERVISORS WITH NEW EMPLOYEES

Return completed form to Administrative Services within 30 days of hire date: _____

Employee Name _____ Date _____
 Employee Job Title _____ Employee ID# _____
 Employee Email _____ Employee Department _____
 Supervisor Name _____

*The employee and supervisor must review and initial each item after completion. This checklist is to be returned to Administrative Services upon completion. **If an item is not applicable, do not leave it blank – write “N/A” in the area for initialing.***

GENERAL	SUPERVISOR INITIAL	EMPLOYEE INITIAL
a. Review locations of elevators.	_____	_____
b. Show employee location of nearest first aid kit and Automatic External Defibrillator (AED)	_____	_____
c. Complete Key Request form and return to Facilities.	_____	_____
d. Complete Request to Drive form and return to Facilities.	_____	_____
e. Explain to employee that <i>Safe Colleges</i> is used for online safety training, that they will be receiving emails from Southwestern Oregon Community College Safe Colleges Online Training, and that it is mandatory that they complete these. Link to Safe Colleges: Safe Colleges Use employee ID# to login/no need for password.	_____	_____
f. Review Mandatory Reporting of Child Abuse Policy APP 7080 Reporting Suspected Child Abuse	_____	_____
g. Review On the Job Injury Procedures - Employee Responsibilities in case employee has an on the job injury. Make sure they contact Administrative Services within 24 hours if they are injured while working (ext. 7206).	_____	_____
h. Employee should know when/how to contact Campus Security. (541-297-4200) Have them program this number into their cell phone.	_____	_____
i. Make sure employee has signed up for RAVE Alert emergency notifications (login to LakerLink: go to Home: Employee Home: Manage your RAVE accounts)	_____	_____
j. ALL STAFF: Make sure faculty/staff are informed about having students sign Hold Harmless and Field Trip Conduct forms when students participate in higher risk activities/field trips. Completed forms are to be given to Office of Instruction.	_____	_____

INCIDENT/INJURY		
a. Review Emergency Procedures and print out if they don't have a hard copy.	_____	_____
b. Review individuals/departments on campus who are qualified to administer First Aid/CPR: Campus Security, Facilities, Family Center, Athletics Trainer, Nursing Department, Coaches, etc.	_____	_____

c. Be able to locate/complete an [Incident/Injury Report](#). Incident/Injury form must be sent to Administrative Services within 24 hours of the accident/incident. Employee injuries that require in-patient hospitalization (not just emergency room services), must be reported to Administrative Services **immediately** and an Incident/Injury Report completed. _____

d. If employee is involved in an automobile accident while on College business, contact Administrative Services and Campus Security and complete Incident/Injury report within 24 hours. If any of the following is true, complete an Oregon DMV Accident report: _____

- ✓ Damage to your vehicle is over \$2,500
- ✓ Injury (no matter how minor)
- ✓ Death
- ✓ Damage to any one person's property is over \$2,500
- ✓ Any vehicle has damage over \$2,500 and any vehicle is towed from the scene as a result of damages

[Oregon DMV Traffic Accident and Insurance Report](#) within 72 hours and send to DMV.

BODY FLUIDS CLEANUP PROCEDURES

a. **ALL STAFF** - Understand the concepts behind **Universal Precautions** which is an approach to infection control in which all human blood and other potentially infectious materials are handled as if they were known to be infectious for bloodborne pathogens. If you are unable to identify body fluids – treat it as potentially infectious. _____

DON'T TOUCH BODY FLUIDS/UNKNOWN FLUIDS– CALL FACILITIES AT x7250

b. **STAFF WHO HANDLE BODY FLUIDS:**
Review cleanup procedures for Bodily Fluids ***if cleanup is part of employee's duties.***
Ensure employee is able to demonstrate full knowledge of the [Bloodborne Pathogens Program](#)

Offer employees who come into regular contact with bodily fluids a Hep B vaccine.
If employee desires vaccine, have them call Admin. Services at ext. 7206. If they decline, have them sign the [Employee Statement of Declination](#)
MAKE SURE TO SEND DECLINATION TO ADMIN. SERVICES. _____

c. **FACILITIES, NURSING, SCIENCE AND ART FACULTY**
Review procedure for [Hazardous Waste Program](#) _____

FIRE SAFETY

a. Locate fire alarms and extinguishers in employee's work area. View [Using a Fire Extinguisher](#) _____

b. Review evacuation routes for employee's work area [Emergency Evacuation Maps](#) _____

c. Review Evacutrak instructions if one is in building where employee resides.
[Newmark Evacutrak](#) [Tioga & Prosper Evacutrak](#) _____

WORKSITE SAFETY

a. Review College Safety Policy/Mission [BP 5010 Safety Program](#) _____

b. Review procedure for contacting Safety Committee/who to report safety concerns.
[Safety Committee contacts](#) _____

CHEMICALS

a. **EMPLOYEES WHOSE JOB DESCRIPTION REQUIRES THEM TO HANDLE CHEMICALS ON A**

REGULAR BASIS: Review [Hazard Communication](#) Program. Employees should know the following:

- Names of chemicals that are present in their work area. _____
- Location of the Hazard Communication plan and Safety Data Sheets (SDS). _____
- Review how to read a Safety Data Sheet, highlighting the following sections of the SDS:
 - Section 4: First Aid _____
 - Section 8: Personal Protection or How to Keep Chemicals Out _____
 - Section 11: Toxicology or How Chemical Gets In _____
 - Review the 9 [Pictograms for Hazard Communication](#) _____
- Focus on identifying symptoms of overexposure as you go through the Safety Data Sheet _____
- Share engineering/administrative controls the College has taken to reduce or prevent exposure to these chemicals such as providing ventilation, respirators, special personal protective equipment (PPE) or hiring another person for specific procedures _____
- Explain emergency procedures in case of exposure _____

b. Locate eyewash fountains/deluge showers if employee’s building has these. _____

c. Review area-specific personal protective equipment (PPE). Identify location of area-specific PPE such as goggles, gloves, hearing protection, etc. View [PPE Matrices](#) _____

Make sure to train on the following:

- When PPE is necessary _____
- What PPE is necessary _____
- How to properly wear, adjust, store, and clean PPE _____
- The limitations of the PPE _____
- The proper care, maintenance, useful life and disposal of the PPE _____

OTHER WORKSITE SAFETY

a. Safe Equipment Usage –Review safe operation of equipment used for employee’s duties such as ladders, forklifts, chainsaw, weed eaters, mowers, manlift, knives, power tools, etc. _____

b. Explain to employee that although the College does not have a formal Hearing Protection Program, they are to wear hearing protection when doing noisy tasks such as mowing, grinding, using chain saw, etc. _____

c. If employee performs tasks where they may need a respirator, have them contact Administrative Services and review Southwestern’s [Respiratory Protection Program](#) Please note, employees are not to use a respirator until they have had a medical evaluation. Contact Administrative Services to coordinate this. _____

d. **ALL STAFF** - Understand the concepts of Integrated Pest Management that are necessary to ensure the health and safety concerns of student, staff and community members. [APP 5011 Integrated Pest Management](#) _____

d. **FACILITIES ONLY** Employees need to be trained on lockout/tagout who perform maintenance on machinery with moving parts/energy and understand [Lockout/Tagout](#) program. _____

e. **FACILITIES ONLY** Review locations of power panels, water and gas shutoffs. **ALL OTHER STAFF ARE NEVER TO ACCESS POWER PANELS, ETC., AND SHOULD NEVER STORE ITEMS IN FRONT OF/NEAR POWER PANELS, WATER, OR GAS SHUTOFFS** _____

I have reviewed the above information with my new employee and certify that they have received training necessary to complete their job safely.

Supervisor Signature

Date

Employee Signature

Date

SUPERVISORS: AFTER COMPLETING ALL ITEMS ON THIS CHECKSHEET, RETURN THIS PACKET TO ADMINISTRATIVE SERVICES AND CALL EXT. 7206 TO DISCUSS SPECIAL TRAINING NEEDS FOR THE EMPLOYEE. THIS IS MANDATORY FOR ALL NEW EMPLOYEES. THIS CHECKLIST WILL BE INSERTED IN THE EMPLOYEE'S FILE IN HUMAN RESOURCES.

SUPERVISOR CHECKLIST FOR EMPLOYEES

Does your employee do any of the following/have the below duties listed in their job description:

	Yes	No
Handle Chemicals regularly (more than regular at-home use)	___	___
Use power tools (chain saws, mowers, weed eaters, etc.)	___	___
Clean up blood or other bodily fluids	___	___
Perform electrical work	___	___
Perform maintenance on machinery with moving parts	___	___
Do any jobs that require the use of a respirator	___	___
Perform welding	___	___
Use compressed gas cylinders	___	___
Perform special jobs that would require Personal Protective Equipment (PPE)	___	___
Work in confined spaces	___	___
Do overhead work that requires fall protection	___	___
Use forklift on the job	___	___
Use crane on the job	___	___
Use ladders on the job	___	___
Perform first aid/CPR duties	___	___