

NEW EMPLOYEE SAFETY AND RISK MANAGEMENT ORIENTATION FORM

Name of Employee: _____ CWID# _____
Date of Employment: _____ Date of Orientation: _____
Department: _____ Work Location: Building _____ Room _____
Phone: _____ E-mail address (if applicable) _____
Name of Immediate Supervisor _____

INSTRUCTIONS TO SUPERVISOR-Review the following policies/procedures/ topics with each new employee **BEFORE THEY ASSUME THEIR ASSIGNED DUTIES**, and document this review by signing this form and returning it to the Office of Human Resources.

GENERAL (Policies and Procedures for this orientation is located in the University Safety Plan)

1. Safety Policies and Responsibilities in the University Safety Plan (University Policies 4200 through 4222)
2. University Emergency Notification and Response Policies for Faculty and Staff
3. Reporting Injuries
4. Hazard Recognition and Reporting Procedures
6. Driving of Vehicles on Work-related Business
7. University Policies:
 - a. Americans with Disabilities (ADA)
 - b. Property Control
 - c. Key Policy

SITE SPECIFIC (Circle policies and procedures which apply to the task performed by this employee)

1. Chemical Safety
2. Biological Safety
3. Laboratory Safety
4. Radiological Safety
5. Trades Safety
6. High-Risk Blood Borne Pathogen Safety
7. Hazardous Waste
8. Personal Protective Equipment
9. Other Safety Hazards (Please List):

INSTRUCTIONS TO EMPLOYEE- You must complete additional Office of Risk Management (ORM)- mandated and State of Louisiana-mandated Safety/Risk Management training on the following topics **within the first 30 days** after you report to work. This training is posted on the La. Tech web site at: risk.latech.edu. Employees without computer access are to call the Center for Instructional Technology (CIT) at 257-2912 to schedule this training.

- Topics:
- A. General University Safety (ORM and University-mandated)
 - B. Sexual Harassment Policies (ORM and State mandated)
 - C. Drugs of Abuse Policies (ORM mandated)
 - D. Bloodborne Pathogen Policies (ORM mandated)
 - E. Hazardous Communication (State mandated)
 - F. Driver's Safety (ORM mandated)
 - G. Post- Accident Drug Testing and Transitional Return to Work Policies

I have reviewed all of the above policies and procedures with the employee, have addressed all questions the employee has asked, and verified that this employee has completed all mandated training:.

Supervisor's Signature _____ Date _____

I understand and will follow the above general and site-specific safety policies and procedures and report any safety/risk management concerns to my supervisor.

Employee's Signature _____ Date: _____

THIS FORM WITH ALL THE APPROPRIATE SIGNATURES MUST BE RETURNED TO THE OFFICE OF HUMAN RESOURCES WITHIN 30 DAYS OF INITIAL EMPLOYMENT.