



*Colton-Redlands-Yucaipa
Regional Occupational Program*

EMPLOYEE SAFETY ORIENTATION CHECK LIST

This checklist is to be completed by the Program Administrator and the new/reassigned employee within ten (10) days after employment (reassignment) and filed in the employee's personnel file. A copy shall be forwarded to the Safety Committee for review.

Name: _____
(Print) First Middle Last Date Employed (Reassigned)

Department Assigned: _____ Job Title: _____

Past Experience In This Type of Position: Yes____ No____

ASK EMPLOYEE: "Do you have any physical conditions or handicaps which might limit your ability to perform this job? If so, what reasonable accommodation can be made by us?"

Did employee have a pre-placement physical? Yes____ No____ Not Required____

If yes, any work restrictions indicated? _____

DISCUSS WHERE APPROPRIATE:

1. I have received and read the Injury & Illness Prevention Program (IIPP).
2. I am aware that only work related injuries are covered by workers' compensation.
3. I agree to fully cooperate with the safety efforts of the employer, follow all safety rules and use good judgment concerning safe work behavior.

SIGNED: _____
Supervisor Employee

Date Checklist Completed: _____