

New Hire Orientation — Safety Checklist

Employee Name _____	Signature _____	Phone _____
PRINT	EMPLOYEE	
E-mail Address _____	Department _____	Mailcode _____

Please check-off each item as it is discussed with your supervisor or his/her designee. When completed return it to EH&S at Mailcode: TPC-27. If you have any questions contact EH&S or visit our website for further explanation of these topics.

LOCATE the following or learn how to obtain.	
POSTINGS AND REFERENCE DOCUMENTS	<input type="checkbox"/> Safety management plan/IIPP/CHP/etc.
<input type="checkbox"/> General safety postings	<input type="checkbox"/> Evacuation routes and meeting location
<input type="checkbox"/> Waste postings	<input type="checkbox"/> MSDS hard copies and EH&S website
<input type="checkbox"/> Emergency procedures guides	<input type="checkbox"/> [www.scripps.edu/researchservices/ehs]
SAFETY/EMERGENCY EQUIPMENT	<input type="checkbox"/> First responders bag/defibrillator
<input type="checkbox"/> Emergency eyewash/safety shower	<input type="checkbox"/> Fume hoods, biosafety cabinets [what
<input type="checkbox"/> Fire extinguisher/pull station/blanket	procedures must be performed in these hoods]
WASTE DISPOSAL AND SUPPLIES (FOR BIOLOGICAL, CHEMICAL, AND RADIOACTIVE WASTE)	
<input type="checkbox"/> In use waste containers [segregation requirements pertinent to the labs procedures and what is allowed in each container]	<input type="checkbox"/> Tags and labels
	<input type="checkbox"/> Supplies (red bags, sharps containers, etc.)
	<input type="checkbox"/> Barcode disposal form
	<input type="checkbox"/> Battery and other universal wastes disposal

If your lab uses any of the following, <u>KNOW</u> where and how they are to be used, where to find more information on the risks associated with exposure, and any lab specific procedures.	
BIOLOGICAL SAFETY (IF APPLICABLE)	<input type="checkbox"/> Biosecurity program
<input type="checkbox"/> Exposure control plan	<input type="checkbox"/> BSL-1, BSL-2, & BSL-3 agents
<input type="checkbox"/> Select agent program	<input type="checkbox"/> Recombinant DNA use
CHEMICAL SAFETY	<input type="checkbox"/> Compressed gases
<input type="checkbox"/> Carcinogens	<input type="checkbox"/> Controlled substances
RADIATION SAFETY (IF APPLICABLE)	<input type="checkbox"/> Radiation producing machines
<input type="checkbox"/> Radioactive materials	<input type="checkbox"/> Non-ionizing radiation (Lasers, NMR, UV)

Please <u>OBTAIN</u> the following items as needed.	
PERSONAL PROTECTIVE EQUIPMENT	<input type="checkbox"/> Lab coats
<input type="checkbox"/> Safety glasses/goggles	<input type="checkbox"/> Gloves (appropriate for the task assigned)
<input type="checkbox"/> Face shield, blast shields (as needed)	<input type="checkbox"/> Respirator/dust mask (as needed)

<u>ADDITIONAL TRAINING</u> is required in the following areas. If you are going to be involved in any of the following, you will need to obtain specialized safety training.		
Animal use & care	Lasers	Confined space entry
Blood borne pathogens	NMR	Fall protection
Highly hazardous substances	Radioactive materials	Fire extinguisher/safety
Microbiological hazards	X-Ray diffraction	Lock-out/tag-out

Supervisor _____	Signature _____	Date _____
PRINT	SUPERVISOR	