NEW EMPLOYEE SAFETY CHECKLIST

This checklist is to be completed by the supervisor and the new employee within 10 days after employment (or reassignment) and filed with the Human Resources Office.

Employee Name:	Job Title:
Date of Hire (or reassignment):	Date Checklist Completed:
Please check off \checkmark each item after it has been reviewed.	
☐ Review of Code of Safe Practices – keep for re	eference
☐ Review of proper use of tools, office equipmen	nt and/or machines in work area
☐ Review of employee responsibility for the prev	vention of work accidents
☐ All work-related injuries should be reported in Human Resources.	nmediately to the supervisor and
☐ Unsafe working conditions should be reported member or Facilities if it is an emergency. We conditions can be submitted online at miis.edu.	to the supervisor, a safety committee ork requests to correct unsafe /offices/finance/facilities.
☐ Review emergency procedures Quick Reference common areas and classrooms	ce Guide, located by the exits in all
☐ Review building evacuation procedure	
☐ Fire Safety	
☐ Safety compliance part of performance review	
These items have been discussed with me.	
Signed:Employee	
I have discussed these items with the employee	
Signed:Supervisor	