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## Introduction

*YOUR UTILITY DISTRICT* cares about you, your health and your well being. We want to ensure you that you have a safe, accident free, and healthy working environment. You and your supervisor are the key to our Accident Prevention Program. You and your supervisor have the greatest control over whether or not safety equipment is used, safety precautions are followed, and potentially hazardous situations on the job are reported and corrected.

This Employee Safety Orientation Program was developed to introduce the elements of our Accident Prevention Program with new Employees. Safety programs may have complex and frequently confusing requirements established by Federal, State and local agencies. This program is by no means all-inclusive, yet it is an aid in helping the employee to understand what is required and expected of an employee.

Please take the opportunity to familiarize yourself with the District's entire Accident Prevention Program. Assist in developing procedures as necessary. If you have any questions, talk with your Supervisor or the Safety Officer.

Remember – you are the District's most important resource, and safety on the job is one of our most important concerns.

*Board of Commissioners*

## Safety And Health Policy

*YOUR UTILITY DISTRICT* cares about the health and well being of each of its' employees. This District recognizes that its' employees are its' most valuable resource. The District provides each employee a safe, accident free, and



healthful working environment. The employee and his or her supervisor are the key to the District's Accident Prevention Program.

It is this District's policy that all employees practice safety in and around the workplace. If at any time the safety of individuals, property, and/or equipment is in danger, operation will cease and corrective action will be taken. Employees are expected to attend all safety meetings and follow all written procedures and training advisories.

The District has established an Accident Prevention Program that emphasizes the integration of safety and health measures into each job task so that safety, health and job performance become inseparable. This will be accomplished through the cooperative effort of all employees. On-going safety and educational programs will be provided for all employees in an effort to increase awareness of accident causes, to improve team spirit by demonstrating managements concern for the individual worker, and to promote acceptance of safety and health rules by presenting accident prevention as a positive, desirable, and integral part of all activities.

Safety Orientation for new employees will be conducted on day one of employment. The District Safety Officer will conduct the Safety Orientation in cooperation with the employee's department Supervisor/Manager. Specific training will be provided for specific jobs and special equipment.

The District places such a high priority on safety that disciplinary action, up to and including termination, is a possible consequence of failing to follow established safety procedures and guidelines. By accepting mutual responsibility to operate safely, we will all contribute to the well being of personnel and subsequently the District.

## Your Utility District

### Safety And Health Orientation

#### **PURPOSE**

Orientation of new employees, re-hires, and part-time and temporary employees will begin the first day of employment on the new job. This program will provide an introduction of District policies and procedures and will include a thorough safety briefing. The orientation will include a tour of the facilities to acquaint the employee with the entire operation. The employee will also be advised on how his/her job is important to overall operation.

Employees experiencing changes in job responsibility may be re-exposed to parts of this orientation, this is to be determined by the District Safety Officer and the employee's immediate Supervisor.



## PROCEDURE

The District Safety Officer will instruct the employee in the job safety and health requirements that are required for the position they fill. A Safety Orientation Check List is provided for this purpose. Initialing each task covered then signed by the trainer and the employee, and returned to the District Safety Officer who must make sure the checklist is completed.

A copy of the completed checklist will be kept in the District's personnel file.

## SAFETY PROGRAM

### WHEN IS TRAINING REQUIRED?

Use check off sheet on page 6 to indicate the programs reviewed by employee.

Accident Investigation.....	Initial Training Required Annual Training Not Required / Recommended No Certification Required
Asbestos Awareness.....	Initial Training Required Annual Training Not Required / Recommended Certification Obtainable (WETRC)
Back Injury Prevention.....	Initial Training Required Annual Training Not Required / Recommended No Certification Required
Bloodborne Pathogens.....	Initial Training Required Annual Training Required - Depending on Exposure Determination Annual Training Recommended Certification Obtainable
Chlorine Safety.....	Initial Training Required Annual Training Required - Depending on Exposure
Claims Reporting.....	Initial Training Required Annual Training Not Required No Certification Required
Confined Space.....	Initial Training Required Annual Training Required No Certification Required
Fall Protection.....	Initial Training Required Annual Training Not Required (Depending on Exposure Determination) No Certification Required



Fire Safety.....	Initial Training Required Annual Training Required
First Aid.....	Required Bi-Annual Training Required 2 years
Hand/Power Tools.....	Initial Training Required Annual Training Not Required / Recommended No Certification Required
Hazard Communication .....	Initial Training Required (MSDS) Annual Training Not Required (Depending on Exposure Determination) No Certification Required
Hearing Safety.....	Initial Training Required Annual Training & Testing Required No Certification Required
Job Site Communication.....	Initial Training Required Annual Training Not Required / Recommended No Certification Required
Ladder Safety.....	Initial Training Required Annual Training Not Required / Recommended No Certification Required
Lifting and Rigging.....	Initial Training Required Annual Training Not Required / Recommended No Certification Required
Loader Backhoe.....	Initial Training Required Annual Training Not Required / Recommended Certification Obtainable
Lockout/Tagout.....	Initial Training Required Annual Training Required
Meter Reader.....	Initial Training Required Annual Training Not Required / Recommended No Certification Required
Medical Emergencies.....	Initial Training Required Annual Training Not Required / Recommended No Certification Required



PPE.....	Initial Training Required Annual Training Not Required / Recommended No Certification Required
Respiratory Protection.....	Initial Training Required Annual Training Required
SARA Title III.....	Initial Training Required Annual Training Required No Certification Required (If you have reportable quantities)
Safety Orientation.....	Initial Training Required Upon Employment Annual Training Not Required No Certification Required
Safety Responsibility.....	Initial Training Required Annual Training Not Required / Recommended No Certification Required
Slips, Trips and Falls.....	Initial Training Required Annual Training Not Required / Recommended No Certification Required
Temp. Related Illnesses.....	Initial Training Required Annual Training Not Required / Recommended No Certification Required
Traffic Control Program. ....	Initial Training Required Annual Training Not Required / Recommended Tri-Annual Certification Required (FLAGGER)
Trenching and Shoring.....	Initial Training Required Annual Training Not Required / Recommended Certification of Competent Person Required
Welding, Cutting, Brazing.....	Initial Training Required Annual Training Not Required / Recommended No Certification Required
Vehicle Fleet Safety & Maint...	Initial Training Required Annual Training Not Required / Recommended No Certification Required



## EMPLOYEE SAFETY ORIENTATION CHECKLIST

Employee: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

Trainer: \_\_\_\_\_ Date Conducted: \_\_\_\_\_

This checklist is a guideline for conducting an employee safety orientation for new District employees or those experiencing changes in job duties / responsibilities. Once completed and signed by both the safety officer and employee, it serves as documentation that orientation has taken place. The new employee must initial each item to indicate that the subject has been covered.

As a general guideline, orientation and training will follow the order shown below unless otherwise specified. A copy of this checklist will be kept in the employee's personnel file and on file with the District Safety Officer.

**Instructions:** Each employee must be given a safety orientation before beginning work. This checklist documents that each required item was explained to the employee. The supervisor is to place a check in each box after the item has been explained.

**Employees are not to sign this form unless all items have been explained and all questions have been answered satisfactorily.**

- Told about parts of the written safety program that describe the employer's safety efforts.
- Given a copy of the employee safety manual and general safety rules and has read it.
- Location of safety bulletin boards
- Time and locations of required safety meetings.
- How to report all injuries and shown how to do this.
- Report all hazards to their supervisor and shown how to do this.
- Shown where the first aid supplies are located and who to call for first aid.
- What to do during any emergencies that could be expected to occur
- When and how to operate a fire extinguisher safely.
- Trained on chemical hazards according to the Chemical Hazard Communication Program training requirements
- Can find the Material Safety Data Sheet (MSDS) file and program document.
- Knows how to read labels and use the MSDS's



- Knows generally what kinds of chemicals we use and their hazards.
  - Knows the hazards and precautions related to chemicals he/she will be using.
  - Trained on safe methods to perform assigned job/task(s) including any hazards:
  - Reviewed all applicable safety programs and understands.
- (Check all that apply.)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Construction equip. safety      | <input type="checkbox"/> Whistle blower retaliation | <input type="checkbox"/> Claims Reporting            |
| <input type="checkbox"/> Confined space entry            | <input type="checkbox"/> Chlorine Safety            | <input type="checkbox"/> Employee safety orientation |
| <input type="checkbox"/> Asbestos Awareness              | <input type="checkbox"/> Fall Protection            | <input type="checkbox"/> Fall protection             |
| <input type="checkbox"/> Back injury prevention          | <input type="checkbox"/> Chemical hygiene           | <input type="checkbox"/> Fire safety                 |
| <input type="checkbox"/> Blood borne pathogens           | <input type="checkbox"/> Asbestos                   | <input type="checkbox"/> Hand and power tool safety  |
| <input type="checkbox"/> Flagging/Traffic control        | <input type="checkbox"/> Hazard communication       | <input type="checkbox"/> Welding, cutting brazing    |
| <br>   |   |  |
| <input type="checkbox"/> Hearing safety                  | <input type="checkbox"/> Ladder safety              | <input type="checkbox"/> Lifting & rigging safety    |
| <input type="checkbox"/> LOTO                            | <input type="checkbox"/> Medical emergencies        | <input type="checkbox"/> Meter reader safety         |
| <input type="checkbox"/> PPE                             | <input type="checkbox"/> Respirator Protection      | <input type="checkbox"/> Safety Audit                |
| <input type="checkbox"/> Safety committee                | <input type="checkbox"/> Safety Responsibilities    | <input type="checkbox"/> SARA Title III              |
| <input type="checkbox"/> Slips trips and falls           | <input type="checkbox"/> Trenching and shoring      | <input type="checkbox"/> Vehicle fleet safety        |
| <input type="checkbox"/> Accident/Incident Investigation |   |  |

Given required protective equipment (PPE) and trained on how to use and care for it:  
**(Check all that apply)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Hardhat equipment             | <input type="checkbox"/> Safety glasses (ANSI Z-87) | <input type="checkbox"/> fall protection  |
| <input type="checkbox"/> Earplugs/ muffs               | <input type="checkbox"/> Face shield                | <input type="checkbox"/> Tyvek suite      |
| <input type="checkbox"/> Leather Gloves (ANSI)         | <input type="checkbox"/> Safety Goggles             | <input type="checkbox"/> Safety toe boots |
| <input type="checkbox"/> Rain Gear                     | <input type="checkbox"/> Respirator                 | <input type="checkbox"/> PPE Bag          |
| <input type="checkbox"/> Class 2 or better Safety vest | <input type="checkbox"/> other                      |   |

If using a respirator (Medical evaluation & Fit test required) \_\_\_\_\_

NOTES:

The signatures below document that the above orientation was completed on the date below. Both parties accept responsibility for keeping our workplace safe and healthful.

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_