Health and Safety Orientation Checklist

*Any items not department/area appropriate should be noted as N/A

Employee Name: _______________________________ Date: _______________________________

Position: _______________________________ Location: _______________________________

☐ Emergency Phone Numbers
  - Safe Campus
  - Evacuation Plan/Routes

☐ Hazard Communication Plan
  - Location of Plan document
  - Location of “right to know”/MSDS electronic manual
  - Location of eyewash stations
  - Waste disposal procedures
  - Clean/dirty laundry and equipment procedures

☐ Exposure Control Plan
  - Location/details of Medical Emergency Procedures
  - Location, use, and care of Personal Protective Equipment (PPE)
  - Location of spill kits
  - Waste disposal procedures
  - Clean/dirty laundry and equipment procedures

☐ Compressed Gas
  - Location, use, and care of oxygen tanks and/or nitrous oxide tanks
  - Location of Ambu bag, Nasal cannula’s, Sphygmomanometer and emergency airway materials (if located in clinic)
  - Review of SOD Conscious Sedation Policy

☐ Emergency Response
  - Location of first aid kits
  - Location of fire pull stations
  - Location of fire extinguishers
  - Location of emergency backpacks and contents
  - Notified all individuals must leave the building upon hearing the fire alarm

☐ CPR/AED
  - CPR training requirements and proof of training provided
  - Emergency protocols
  - Location of AED machines
Health and Safety Orientation Checklist

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- Review of Health and Safety website and associated documents/training
  - Review of Inclement/Suspended Operations Policy
  - Review of Bloodborne Exposure Policy
  - Infection Control Policy
  - Review of SOD Employee Dress Code
  - Immunization Policy
    - Verification of immunizations to include employee health intake if indicated

- Safety Committee
  - Safety bulletin board location
  - Safety Committee representatives
  - Responsibilities of employees in keeping a safe work environment

- Reporting Accidents, Injuries, Illnesses, and Exposures
  - OARS Reporting (Complete Online Presentation/Testing)
  - Responsibilities of employees/managers
  - Patient Event Reporting

- Review of Required Annual Safety Training
  - Annual Asbestos Training
  - Handling of Hazardous Materials
  - Bloodborne Pathogen Training
  - General Health and Safety Training

- Department specific procedures (list below if any)
  1.
  2.
  3.
  4.

I, __________________________ circle one (Staff/Faculty/Extern/Volunteer/Observer) have received an orientation to the above health and safety guidelines within the School of Dentistry clinics and offices and understand the expectations of said policies. I understand the Health and Safety Program at the University of Washington School of Dentistry serves as a resource to improve the daily health and safety of the School and I will reference the Program resources and training as needed.

Employee Signature: ____________________________ Date: ____________________________

Manager Name: ____________________________ Date: ____________________________

Manager Signature: ____________________________

**NOTE:** This completed form will be retained in the departmental employee record