

Health and Safety Orientation Checklist

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

Employee Name: _____

Date: _____

Position: _____

Location: _____

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- 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

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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