

# NCCU New Employee Safety Training Record

Submit completed form within first 30 days of employment

Name:

Job Title:

Supervisor:

Start date:

Item	Required			Date Completed
	Yes	No	N/A	
Emergency evacuation routes and <a href="#">indoor and outdoor emergency assembly points</a>	<b>X</b>			
How to report and incident or accident	<b>X</b>			
Location of safety showers and eyewash stations				
Location of fire extinguishers and closest fire alarm pull station	<b>X</b>			
First aid kit	<b>X</b>			
Location of spill kits				
Access to Safety Data Sheets (SDS) for chemicals				
Emergency shutoffs for equipment				
Job hazard analyses, risk-assessments, work plans for hazardous materials, equipment, or processes				
Location and use of all required PPE				

<b><i>Trainee</i></b>	<p><i>By signing this form, I agree that I have been trained on the above indicated items.</i></p> <p>Name (print): _____</p> <p>Signature: _____ Date: _____</p>
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<b><i>Supervisor or Designee</i></b>	<p><i>Training was provided on the above checked items by:</i></p> <p>Name: _____</p> <p>Signature: _____ Date: _____</p>
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Please click submit for EHS review once completed

EHS review complete: