Supervisor’s Safety Orientation Checklist for Laboratories

Risk Management and Environmental, Health & Safety California State University, Los Angeles

The supervisor and the employee should meet to discuss items 1 through 3 on the employee's first day of appointment, promotion, or reassignment. Employees shall be informed of the contents of the University's Chemical Hygiene Plan and Hazard Management Program and their appendices by directing them to: [http://www.calstatela.edu/ehs/chemical-and-laboratory-safety](http://www.calstatela.edu/ehs/chemical-and-laboratory-safety).

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<td>Employee Name (Print):</td>
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### Check when discussed (Line through if not applicable)

Employees shall be informed of all applicable requirements of this checklist:

1. **General Safety Orientation**
   - How to report an unsafe condition.  
   - Location of emergency devices (phone, alarms, fire extinguishers, shutoffs, etc…).  
   - Identification of evacuation procedures including primary/secondary evacuation routes, exterior assembly areas and shutdown procedures when leaving.
   - Appropriate and safe laboratory work practices.
   - Review of University emergency action plan at: [http://www.calstatela.edu/sites/default/files/groups/Administration_and_Finance/408/ap_408_17.pdf](http://www.calstatela.edu/sites/default/files/groups/Administration_and_Finance/408/ap_408_17.pdf)
   - Off-hour emergency contacts/protocols.

2. **Chemical Safety Procedures**
   - Location and identity of chemical substances in the laboratory.
   - Presence of physical or chemical hazards.
   - Never work alone in the Lab without notifying Public Safety at ext. 3-3700.
   - Location, selection and use of PPE for the laboratory work assignment/task.
   - Never to work when it is unsafe to do so.

3. **Communication**
   - Location of employee safety board (HRM Lobby), routing of safety bulletins, safety protocol, and proper lab techniques for all work.

We agree that the checked items have been discussed. This form will be used to establish a basis for probationary appraisals.

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DEAN / CHAIR / SUPERVISOR’S SIGNATURE | Date |
|---------------------------------------|------|