Employee Safety Orientation Policy



NC DENR Division of Parks and Recreation February 2004

Employee Safety Orientation Policy

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Policy Originator:	Employee Safety Orientation Policy	Section: 1.0 - 3.0 Page: 1
Ronald Bowling	Orientation Folicy	Revision Date: 2/10/03

1.0 Policy

No phase of operations is of greater importance than accident prevention. The degree of safety and the results accomplished are directly proportional to the effort extended to control the conditions, practices, and human actions that are responsible for accidents. The purpose of the division's Employee and Workplace Safety Guidelines and this policy is to assist in the elimination or prevention of accidents. It shall be the policy of the Division of Parks and Recreation (DPR) to have all employees participate in a safety orientation session with their supervisor prior to beginning their job task.

2.0 Supervisor Responsibilities

Supervisors shall be responsible not only for their own safety but also for the safe work performance of other employees under their supervision. Before assigning work to an employee, the supervisor shall be sure the employee knows and understands the hazards associated with the work and proper procedures to perform the work safely. An employee safety orientation checklist shall be completed and maintained on all permanent and seasonal employees by their supervisor.

3.0 Employee's Responsibilities

Employees share with the employer the responsibility for safety. Each employee is responsible for their own safety, the safety of their fellow employees, and the safety of the general public. Employees shall become familiar with and use all the protective devices, which are provided for their protection. Employees shall report all unsafe equipment, unsafe tools, and hazardous conditions that come to their attention to their supervisor.

Every employee shall become thoroughly familiar with the contents of the Employee and Workplace Safety Guidelines and the DENR workplace safety program.

4.0 Seasonal Employee

Seasonal employees shall follow the requirements listed in section 3.0. An employee safety orientation checklist will be completed for seasonal employees by their supervisor and maintained in a seasonal file. The asterisk (*) denotes seasonal requirements on the checklist.

Employee Safety Orientation Checklist

These items listed below, but not limited to shall be reviewed with an employee by their supervisor. Check off the items as the information is explained or once the employee has received the training. Note: certain items may not be applicable to all positions; place NA beside these items. * Denotes seasonal employee requirements.

EMPL (DYEE		
NAME	DATE:		
PARK:	Job Title		
	ISTRATIVE OFFICE: Yorkshire Archdale Job Title		
Safety au	nd Health		
2. 3. 4. 5. 6. 7. 8. 9. 10 11 12 13 14 15	Review the Employee and Workplace Safety Guidelines.* Review the North Carolina State Employees Safety and Health Handbook.* Review the Confined Space Entry Guideline.* Has received Confined Space Entry Training. Review the Lockout-Tagout Guideline.* Has received Lockout-Tagout Training. Review Bloodborne Pathogens Guideline.* Has received Bloodborne Pathogens Training.* Review Critical Incident Stress Management Policy. Review Road Hazard/Work Zone Guideline.* Review clean-up and housekeeping rules.* Has received or declined the Hepatitis B vaccination.*(Seasonal Lifeguards) Review staff directive 89-9 Power Tool/Equipment Checklist and initiate.* Establish employee training log. Identify location of and review the Material Safety Data Sheets (MSDS) Manual.* Review Safe Operating Practices (SOP) as they apply to employee job requirements. Review DENR written safety program, DPR chapter.		
Emergen	cy Response Plan		
1.	Review park/office evacuation procedures in case of fire or other disaster and identify emergency exits of all building facilities.*		
	Review the park's emergency contact numbers and procedures.*		
	Review and train on the park fire pumper unit.*		
	Identify location of fire extinguishers.*		
	Provide fire extinguisher training.*		
	CPR certified.		
/.	First Responder Training.		

Personal	Protective	Equipment *
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Appendix Q

1.	Review safety policy concerning employee use of personal protective equipment(PPE).
2.	No medical excuse for not wearing PPE.
3.	Prescription safety glasses must have side shields.
4.	Review safety equipment requirements listed below, but not limited to:

Equipment, machine, tool	Safety Items
Lawn mowers, all types	Eye protection Machine guards Hearing protection Orange safety vest
String trimmers and bush blades	Eye protection Machine guards Hearing protection Orange safety vest
Backpack blowers	Eye protection Hearing protection Orange safety vest
Tractors, all types	Eye protection Hearing protection Orange safety vest Hard hat Seat belt with roll protection Flashing lights Escort vehicle on open highway (unless hauled by trailer)
State owned vehicle (car or truck)	Seat belt always worn
Boats, all types	Personal flotation device Safety kill switch if applicable to vessel
Aerial boom lift	Eye protection Hard hat Fall protection
Table saw Band saw Radial arm saw	Eye protection Machine guards Hearing protection No gloves !!!
Drill press	Eye protection Hearing protection No gloves !!!

Equipment, machine, tools	Safety Items
Chain saw	Eye protection Hearing protection Hard hat Chaps Safety shoes (required for continuous & scheduled chain saw duty only)
Wood router	Eye protection Hearing protection Dust mask
Jig saw Circular saw Bench grinder	Eye protection Hearing protection Machine guards
Hand-held grinder	Eye protection Hearing protection Leather gloves
Air compressor	Eye protection Hearing protection Air nozzle with safety tip
Off-road utility vehicles (four-wheelers)	Head protection (helmet) Eye protection Orange safety vest

Accident and Injury Reporting

1.	Review division procedures on accident, injury, illness and fatality reporting.*		
2.	Review Workers' Compensation Accident/Injury Reporting and Filing Procedures.*		
3.	3. Identify emergency personnel to contact in the event of an accident, injury, illness or		
	fatality.*		
4.	Identify park/division	personnel to contact	in the event of an accident, injury, illness or
·	fatality.*	•	,
5.	•	to bring to your atter	ation any unsafe condition or unsafe work
	practice. *		
(Employ	ee's Signature)	(Date)	_
(Employ	co s bignaturo)	(Dute)	
(Supervi	sor's Signature)	(Date)	_
<u> </u>		(= 4.0)	
Revised	2/04		