

## Safety Training Requirements Checklist

<b>Training Program/Records Checked by:</b>	<b>Date:</b>
<b>Department:</b>	

**This checklist may be used to assist UMaine employees with conducting a safety self-audit of their training program and records.**

Training and Documentation		Yes	No	N/A
1.	Have all employees completed the Annual Basic Safety Training? <ul style="list-style-type: none"> <li>• This can be completed on-line at  <a href="http://www2.umaine.edu/SEM/online.htm">http://www2.umaine.edu/SEM/online.htm</a></li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Are the Annual Basic Safety Training records current? <ul style="list-style-type: none"> <li>• All employees must receive this training annually.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Do employees understand the following Annual Basic Safety Training topics?  <i>(Conduct a sampling – mark N/A for topics that you did not survey)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
	Access to relevant exposure and medical records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Accident prevention signs and tags	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Electrical safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Emergency Action Plans and Fire Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fall protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fire Extinguishers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Hazard Communication (general info)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Hazardous materials shipping and receiving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Injury reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ladder safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Personal Protective Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Has the supervisor (or designee) conducted Department Annual Safety Training?	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Are the Department Annual Safety Training records current? <ul style="list-style-type: none"> <li>• Supervisors must provide this training to all employees initially and annually.  <a href="http://www2.umaine.edu/SEM/deptannual.htm">http://www2.umaine.edu/SEM/deptannual.htm</a></li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	

6.	Does the Department Annual Safety Training address the following?  <i>Supervisors may use the Department Annual Safety Training Checklist (MF03032) as a guide and documentation record, or they may use their own locally developed training outline or form, as long as the topics listed below are discussed during the training session. The checklist is available on-line at: <a href="http://www2.umaine.edu/SEM/deptannual.htm">http://www2.umaine.edu/SEM/deptannual.htm</a></i>			
	Hazards of the Job. Including, but not limited to: <ul style="list-style-type: none"> <li>• Physical (noise, moving machinery, hot surfaces, electrical, working from heights, ladders, slipping, falling, moving vehicles/equipment, sharp objects);</li> <li>• Chemical (gases, liquids, flammables, toxics, corrosives, poisons);</li> <li>• Ergonomics (repetitive motion, extreme heat/cold, lifting, vibrations, awkward positions);</li> <li>• Biological (blood, bacteria, viruses);</li> <li>• Hidden hazards: (i.e. asbestos, lead, underground utilities)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
	If the employee uses any special equipment / tools / vehicles, are these hazards addressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If employee uses Personal Protective Equipment (PPE) <ul style="list-style-type: none"> <li>• Discuss the job tasks that require the use of PPE</li> <li>• Location and availability of PPE and PPE assessment forms</li> <li>• Is the PPE adequate and serviceable?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Emergency Action Plans <ul style="list-style-type: none"> <li>• Location of the Emergency Action Plan</li> <li>• Evacuation procedures, fire alarms, and rally point information</li> <li>• Indicate who is designated and trained to use a fire extinguisher</li> <li>• Indicate who is designated and trained to be the emergency evacuation coordinator</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
	If employee uses Chemicals <ul style="list-style-type: none"> <li>• Location and availability of Material Safety Data Sheets (MSDS) within the work area</li> <li>• Ensure that hazardous chemical training has been completed for all hazardous chemicals unless covered by a current Chemical Hygiene Plan (CHP)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If employee uses Personal Protective Equipment (PPE) <ul style="list-style-type: none"> <li>• The job tasks that require the use of PPE</li> <li>• Location and availability of PPE and PPE assessment forms</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Has Specialized Safety Training been identified and conducted, where appropriate? (see next page for tasks that normally require Specialized Safety Training)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Is the Specialized Safety Training documented with records maintained within the work area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**The following common tasks require additional specialized safety training. Information regarding the frequency of the required training and how to obtain the training is available on the SEM web site at <http://www2.umaine.edu/SEM/training.htm>**

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|--------------------------|--|
| <input type="checkbox"/> | Operating a computer terminal for more than four (4) consecutive hours on a daily basis                                    |
| <input type="checkbox"/> | Remaining behind and assisting persons in orderly evacuation in an emergency   |
| <input type="checkbox"/> | Using a fire extinguisher in an emergency  |
| <input type="checkbox"/> | Working in areas with exposure to elevated surfaces and fall hazards   |
| <input type="checkbox"/> | Using ladders  |
| <input type="checkbox"/> | Working on scaffolds   |
| <input type="checkbox"/> | Using vehicle mounted elevating work surfaces (telescoping and/or articulating)  |
| <input type="checkbox"/> | Operating a forklift, walker-stacker, or other industrial truck (other than Registered Motor Vehicles)                     |
| <input type="checkbox"/> | Using a crane or hoist   |
| <input type="checkbox"/> | Performing service or maintenance on machines or equipment with stored/potential energy (lockout / tagout)                 |
| <input type="checkbox"/> | Working with or around electricity   |
| <input type="checkbox"/> | Welding / soldering / brazing  |
| <input type="checkbox"/> | Entering (or overseeing entry into) a confined space   |
| <input type="checkbox"/> | Working in or around trenches/excavations  |
| <input type="checkbox"/> | Using farming/agricultural machines or equipment   |
| <input type="checkbox"/> | Applying pesticides or working in an area that uses pesticides (i.e. farms, greenhouses, nurseries, or forests)            |
| <input type="checkbox"/> | Working in remote areas where there is an absence of prompt medical care (clinic, hospital, etc.)                          |
| <input type="checkbox"/> | Operating a watercraft or vessel (either motorized or man-powered)   |
| <input type="checkbox"/> | Conducting tree work (trimming trees) or logging operation   |
| <input type="checkbox"/> | Wearing Personal Protective Equipment (PPE)  |
| <input type="checkbox"/> | Wearing a full body harness  |
| <input type="checkbox"/> | Working around excessive noise levels  |
| <input type="checkbox"/> | Using class 3b or 4 lasers   |
| <input type="checkbox"/> | Handling or using radioactive materials or radiation producing equipment   |
| <input type="checkbox"/> | Performing tasks with exposure to human blood or other regulated bodily fluids (clean up, handle, perform first aid, etc.) |
| <input type="checkbox"/> | Performing tasks with exposure to respiratory/inhalation hazards such as chemicals, nuisance dusts, asbestos, silica, etc  |
| <input type="checkbox"/> | Using hazardous chemical or cleaning up chemical spills  |
| <input type="checkbox"/> | Working with or around hazardous waste (such as Universal Waste Lamps or a Satellite Accumulation Area SAA)                |
| <input type="checkbox"/> | Transporting, packaging, shipping or receiving hazardous materials   |