

This page will serve as both an outline of Washington Floral's Accident Prevention Program, and a checklist to be signed at the time of training.

Employee Name: _____

- Responsibilities**
 - Company's responsibility
 - Employee's responsibility
- Accident Prevention Program**
 - Priority within the company
 - Employee Training
- Lines of Communications**
 - When to report an injury
 - How to report an injury
 - To whom and injury should be reported
 - Reporting of potential hazards
 - Anonymous reporting
 - Filing of accident reports
- Personal Protective Equipment**
 - Responsibilities
 - Hazard Assessment
- General Warehouse Safety Issues**
 - Lifting Guidelines
 - Ladder Safety
 - Top Shelf Use and Restrictions
 - Knife and Cutter Use and Safety
- Safety and Health Committee Info**
 - General Info on Committee's function
 - Bring up safety or health concerns to committee
 - Elections
- Safety Bulletin Board**
 - Location and purpose
- OSHA 300 Reporting**
 - General Requirements & Procedures
 - February Postings
- First Aid Supplies & Training**
 - First Aid Kits - locations and descriptions
 - Obtaining Treatment
 - First aid trained personnel
 - Emergency procedures
- Emergency Plans**
 - Exit locations and evacuation routes / plan
 - Location and use of firefighting equipment
 - Fire procedures
- Hazard Communication Standard**
 - General Requirements
 - Container Labeling



Material Safety Data Sheets
Employee Training and Information
Hazardous Non-Routine Tasks
Chemicals List

Specific Training by Department

The following items will be reviewed with your supervisor, or a member of the Safety Committee.

Delivery Personnel

- Accident Procedures
- First Aid Kits in Trucks
- Seat Belts
- Cell Phone Use

All Personnel

- Lifting Guidelines
- Firefighting / Fire Extinguisher Use
- Top Shelf Restrictions
- Ladder Use
- Strapper Use and Safety
- Bucket Cleaner Use and Safety
- Forklift Use and Safety
- Hydraulic Lift Use and Safety
- Floor Cleaner/Buffer Use and Safety

The signatures below document that the appropriate elements have been discussed to the satisfaction of both parties, and that both the supervisor and employee accept responsibility for maintaining a safe and healthful work environment. Do not sign unless all items are covered and all questions are satisfactorily answered.

Employee Signature _____ Date: _____

Supervisor's Signature _____

Orientation Provider's Signature _____

Other Training Received:

_____ Date: _____

Supervisor: _____ Employee: _____

_____ Date: _____

Supervisor: _____ Employee: _____

_____ Date: _____

Supervisor: _____ Employee: _____

_____ Date: _____

Supervisor: _____ Employee: _____

_____ Date: _____
