

Employee Safety and Health Record

For Santa Barbara County school employees.
File this form with employee's safety record maintained by supervisor.

1. Name (Last, First, Middle Initial)	2. Check One <input type="checkbox"/> Certificated <input type="checkbox"/> Classified	3. School District
4. Occupation	5. Job Location	

Mandatory Items (to be briefed to all personnel)

<ol style="list-style-type: none"> 1. Hazards of the job on tasks to be done and safety procedures to be followed. 2. Hazards of the work areas. 3. OSH standards and guidance that apply to job and work place. 4. Personal protective equipment they will need and how, when, and where to use it (to be entered in sections II and III of this form). 5. Location and use of emergency and fire protection equipment. 6. Emergency procedures that apply to their job and work place. 7. Reporting unsafe equipment, conditions or procedures to supervisor immediately. 8. Location, submitting procedures, and purpose of SIPE Form 2-588 hazard reports/suggestion. 9. Mishap reporting procedures. 10. Emergency telephone numbers. 11. Location and required review of appropriate safety bulletin boards. 12. Location of medical facilities and procedures for obtaining treatment. 13. Requirements for documentation and notification of on-the-job injury or illness. 	<ol style="list-style-type: none"> 14. Location of the district's IIPP and bloodborne pathogen plans. 15. Individual responsibilities for insuring own safety. 16. Required use of safety belts. 17. Personnel rights. 18. Other (List) <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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II.	Personal Protection Issued	III.	Personal Protection Available in the Work Area
	1. Foot protection		1. Foot protection
	2. Arm/hand protection		2. Arm/hand protection
	3. Eye protection		3. Eye protection
	4. Hearing protection		4. Hearing protection
	5. Respiratory protection		5. Respiratory protection
	6. Head protection		6. Head protection
	7. Other (List)		7. Other (List)
	_____		_____
	_____		_____

Record of Safety Training

<i>Initial Mandatory Items</i>	Date	Employee Signature		Supervisor Signature	
		Date Trained	Employee Signature	Date Trained	Employee Signature
Safety Training					
Antimicrobial	annually				
Bloodborne Pathogens Training	annually				
Confined Space Entry	annually				
Electrical Safety	annually				
Emergency Evacuation	annually				
Eyes and Hearing Protection	annually				
Fire Safety/Fire Extinguisher	annually				
General Safety Practices	annually				
Hazard Communication	annually				
Hazardous Material Handling	annually				
Hazardous Material Spill Control	annually				
Lockout/Tagout	annually				
Pesticide Safety/IPM	annually				
Respiratory	annually				
Lab Safety	one time or as needed				
Office Safety	one time				
Agricultural Equipment Operation	as needed				
Back Injury Prevention	as needed				
CPR/First Aid	as needed				
Ergonomics	as needed				
Heavy Equipment Training	as needed				
Forklift Training	renewal every three years				
Other					
Other					