

Job Safety Training for New or Transferred Employees

| Last Name | First | | MI | Department: |
|---|-------|-------------|-------|-------------|
| Position/Job Title: | | Supervisor: | | |
| First Day Safe Job Introduction – check all items as covered. | | | | |
| 1. Basic Safety | | | | |
| Notes/Comments: | | | | |
| Employee's Signature: | | | Date: | |
| Supervisor's Signature: | | | Date: | |
| Manager's Signature: | | | Date: | |

