

MCAD Employee Safety Acknowledgement Form

Name _____ Date _____

Position _____ Department _____

SAFETY PROGRAM _____ **INITIAL** _____
All departments review

SAFETY COMMITTEE _____ **INITIAL** _____
All departments review

HAZARD COMMUNICATION _____ **INITIAL** _____
All departments review

HAZARD WASTE MANAGEMENT _____ **INITIAL** _____
All departments review

FIRST-AID PROCEDURES _____ **INITIAL** _____
All departments review

EMERGENCY EYEWASH/SHOWERS _____ **INITIAL** _____
All departments review

ACCIDENT REPORTING _____ **INITIAL** _____
All departments review

PERSONAL PROTECTIVE EQUIPMENT _____ **INITIAL** _____
All departments review

RESPIRATORS _____ **INITIAL** _____
Applies to staff and faculty in the following departments. Print shop, 3-D Shop, Academic Services, Custodial, Facilities

PROPER LIFTING _____ **INITIAL** _____
All departments review

GENERAL SAFETY GUIDELINES FOR STORAGE ON CAMPUS _____ **INITIAL** _____
All departments review

LADDER SAFETY _____ **INITIAL** _____
Applies to staff and faculty in the following departments. Academic Services, Galley, Facilities, Custodial Staff

AERIAL AND POWER ELEVATED PATEFORMS _____ **INITIAL** _____
All departments review

ELECTRICAL SAFETY _____ **INITIAL** _____
All departments review

I understand that it is my responsibility to become familiar with the content and abide by the policies and procedures listed in the Employee Safety Manual and have signed and placed my initials indicating I have reviewed each section in the safety manual. This manual is subject to periodic change by the College. Updates to this manual will be sent via e-mail as needed. I understand that I am responsible for reading these e-mails. The most updated manual is available on the Occupational Safety & Health intranet site. If I have a specific question concerning any of the content of this manual, or any updated documents, I know that I can seek clarification from the Occupational Safety & Health Department.

EMPLOYEE SIGNATURE _____ DATE _____

DEPARTMENT SUPERVISORS SIGNATURE _____ DATE _____

(RETURN THIS DOCUMENT TO THE OCCUPATIONAL SAFETY COORDINATOR)