Fermilab

REVOCATION OF TRAINING QUALIFICATIONS

Personal Information

Name: [   ]   D/S [   ]   ID# [   ]

Training Course Information

Course Number [   ]   Title [   ]

Course Number [   ]   Title [   ]

Course Number [   ]   Title [   ]

Justification For Revocation

Senior Safety Officer or Designated Representative

_____
_____
_____
_____
_____
_____
_____

_____
Signature

_____
Title

Distribution:
Original- ESH Section

Copy to:
Supervisor
Department Head

ES&H Form 22

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                                                             Rev. 6/2008

This manual is subject to change. The current version is maintained on the ESH Section website.

Fermilab New/Transferring Employee Orientation Checklist

Employee's Name	Fermi ID#
Supervisor's Name	Fermi ID#

GENERAL

The supervisor must review the following information with the new/transferring employee or ensure that each applicable item is demonstrated/reviewed. The new/transferring employee should initial each item after the item has been reviewed or demonstrated and feels that they have a good grasp of the item. Questions or uncertainties should be cleared up before initiating the item. Upon completing the checklist, both the employee and the supervisor should sign and date the checklist.

TOPICS	INITIALS	
General Administrative Information	**Emp**	**Supv**
1. Review Fermilab ES&H Manual		

2. Safety Responsibility
    Employee (Include reporting of "near misses", dangerous condition, incidents, injuries, etc.)
    Line Management
    Laboratory ES&H Policy and Goals		

3. ES&H Training
    ITNA
    Required Training		

4. Employee Access to Medical, Monitoring, and Personnel Records		

5. Absence from Fermilab
    Vacation
    Business Trips
    Sick		

6. Responsibility For Property
    Security
    Key Boxes
    Reporting Lost or Stolen Property
    Removal of Property from Fermilab
    Assignment of Keys		

7. Use of Telephones
    Phone Directory
    Personal Calls
    Use of Pager		

8. Computer E-mail		

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Software Security Licensing Policy, etc. Training (MS Word, Excel, File Maker Pro, etc.)		
9. Creation and Maintenance of Records		
10. ID card		
11. Vehicle Safety		
12. Mail Station Number and Location		
13. Introduction to Staff (Include location of ES&H representatives)		
14. Section Personnel Policy Guide		
Emergency Procedures/Equipment		
1. Building, Laboratory and Wilson Hall Emergency Alarms		
2. Fire Evacuation Routes		
3. Assembly Areas		
4. Tornado Shelter		
5. Area Emergency Wardens		
6. Reporting of Emergencies (x3131) Spills Threats Injury Environmental Incident		
7. Exits, Safety Showers, Eyewash Fountains		
Safe Work Practices		
1. Compressed Gas Cylinders		
2. Lockout/Tagout		
3. Pressure Safety		
4. Housekeeping		
5. Safe Lifting Techniques		
6. Oxygen Deficiency		
7. Radiation Personnel Dosimetry Program Radiation Worker Training Source Training Material Move Training		
8. Hazardous Materials Material Safety Data Sheets Labeling NFPA Review/Stamp		
9. Electrical Safety		
10.Material Handling Crane Operation		

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Forktruck Operation		
11. Bloodborne Pathogens		
12. Fire Extinguishers		
13. Lasers		

TOPICS	INITIALS	
Personal Protective Equipment (Care, Repair and Replacement)	**Emp**	**Supv**
1. Eye (Safety Glasses)		
2. Foot (Safety Shoes)		
3. Head (Hard Hats)		
4. Hand (Work Gloves)		

5. Respirators
    Training
    Medical Surveillance
    Fit-Testing		

Miscellaneous Items		

1. Building access
    Lock down procedures
    After hours access
    Parking locations and restrictions		

2. Prohibited Articles from being brought onto sight
    Alcoholic Beverages
    Illegal Drugs
    Hazardous Materials
    Explosives and Incendiary Devices
    Firearms/Weapons
    Radioactive Sources		

3. Smoking Regulations		
4. Location of Medical Department		
5. Visitor Procedures and Responsibilities		
Supervisor's Briefing		
1. Expectations		
2. Roles and Responsibilities		

3. Authority		
4. Housekeeping		
5. Requisitioning Supplies and Equipment		
6. Time Off		
7. Other _____		

I have completed all activities associated with each item which is applicable to my position within the _____ Division/Section and have discussed all issues/concerns with my supervisor.

_____   _____
Employee Signature   Date

I have discussed all applicable items with the above named employee. I am satisfied that he/she has completed all items appropriate for their position. All items that are not applicable have been marked, "NA".

_____   _____
Supervisor Signature   Date

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