

CITY OF THE DALLES - PUBLIC WORKS DEPARTMENT
NEW EMPLOYEE SAFETY PROGRAM TRAINING

NAME: _____

By initialing below, the employee indicates that training has been provided in the City of The Dalles Public Works Department's safety programs.

<u>Program</u>	<u>Date</u>	<u>Trainer</u>	<u>Employee</u>
<input type="radio"/> Hazard Communication Program	_____	_____	_____
<input type="radio"/> Hearing Conservation Program	_____	_____	_____
<input type="radio"/> Emergency Medical Plan	_____	_____	_____
<input type="radio"/> Bloodborne Pathogens	_____	_____	_____
<input type="radio"/> Confined Space Entry	_____	_____	_____
<input type="radio"/> Lockout/Tagout Program	_____	_____	_____
<input type="radio"/> Chemical Hygiene Plan (Laboratory)	_____	_____	_____
<input type="radio"/> Respiratory Protection Program			
- Program training	_____	_____	_____
- Questionnaire/Medical exam	_____	_____	_____
- Fit test	_____	_____	_____
<input type="radio"/> Fall Protection	_____	_____	_____
<input type="radio"/> Emergency Action Plan	_____	_____	_____
<input type="radio"/> Fire Prevention Plan	_____	_____	_____
<input type="radio"/> Drug & Alcohol Program	_____	_____	_____
<input type="radio"/> Safety Committee Training	_____	_____	_____
<input type="radio"/> Incident/Accident Reporting	_____	_____	_____
<input type="radio"/> Gasoline card	_____	_____	_____
<input type="radio"/> Excavation Safety	_____	_____	_____

First Aid/CPR card	Current*	Training is needed.
Flagging card	<input type="radio"/>	<input type="radio"/>
Crane card	<input type="radio"/>	<input type="radio"/>
Forklift card	<input type="radio"/>	<input type="radio"/>
CDL license and Medical Examiners card	<input type="radio"/>	<input type="radio"/>
Trenching/shoring competent person	<input type="radio"/>	<input type="radio"/>
Hazmat Awareness	<input type="radio"/>	<input type="radio"/>

* Documentation provided.