



New Employee Safety Orientation and Onboarding

General and Industrial Safety

This guide is designed to assist the department supervisor/PI or responsible party and the new employee through the UC Davis new employee safety orientation and onboarding process for technical areas (non-lab spaces).

This guide is divided into two sections: General Safety and Department-Specific Safety. It is recommended employees be trained on General Safety topics as soon as possible. Department-specific training must be provided prior to the employee performing the task or being exposed to the applicable hazard. "Need By" and "Completed" columns are provided to assist with establishing training deadlines and documenting completion dates. Once all applicable tasks are completed, the new employee can sign off on the section to confirm they thoroughly understand each task.

In addition, the sections provided in this document, each department is responsible for identifying additional training topics that are applicable to their staff. To assist in identifying additional topics, reference the following resources:

- [UC Davis General and Industrial Safety Training Matrix,](#)
- [UC Davis All Training Classes resource page,](#)
- Department job safety analysis,
- Department standard operating procedures,
- Department safety program, and
- Campus-wide UC Davis safety policies and programs.

Employee: _____ Employee #: _____

Dated Hired: _____ Job Title: _____

Department/Division: _____ Supervisor/PI: _____

GENERAL SAFETY ORIENTATION

INJURY & ILLNESS PREVENTION PROGRAM (IIPP)			All Employees	
	TASK	ASSIGNED TRAINER	NEED BY	COMPLETED
<input type="checkbox"/>	Provide a copy and/or advise the employee of the specific location of the written IIPP and how to access it.			
<input type="checkbox"/>	Review specific IIPP responsibilities based on position (manager, supervisor, safety officer, and/or employee).			
<input type="checkbox"/>	Discuss how your department/unit communicates safety rules, policies, procedures, and compliance measures.			
<input type="checkbox"/>	Discuss examples of unsafe conditions and how to correct and/or report unsafe conditions.			
<input type="checkbox"/>	Discuss how to report work-related injuries and the departmental incident reporting process.			
<input type="checkbox"/>	Schedule accident investigation training, if the employee will be responsible for this task.			
<input type="checkbox"/>	Schedule hazard inspection training, if the employee will be responsible for this task.			
<input type="checkbox"/>	Confirm the employee has reviewed the IIPP, has had the opportunity to ask questions and the employee understands the IIPP			
Employee signature when completed: _____			Date: _____	

EMERGENCY PREPAREDNESS & FIRE SAFETY			All Employees	
	TASK	ASSIGNED TRAINER	NEED BY	COMPLETED
<input type="checkbox"/>	Review the department emergency action plan			
<input type="checkbox"/>	Discuss the designated evacuation routes and assembly areas. Review evacuation procedures for disabled employees if applicable.			
<input type="checkbox"/>	Identify the location of the emergency response guide flip chart and discuss scenario actions.			
<input type="checkbox"/>	Show the locations of fire alarm pull stations and proper activation protocols.			
<input type="checkbox"/>	Identify the location of the first aid kit and review the contents.			
<input type="checkbox"/>	Identify the eyewash/ safety shower location(s) and proper operation procedures.			
<input type="checkbox"/>	Show location of spill kit(s) and describe procedures.			
<input type="checkbox"/>	Discuss proper housekeeping and material storage requirements.			
<input type="checkbox"/>	Enroll in the UC Davis Warn Me emergency alert system, recommend registering cellular phone number.			
Employee signature when completed: _____			Date: _____	

WORK AREA ORIENTATION				All Employees
	TASK	ASSIGNED TRAINER	NEED BY	COMPLETED
<input type="checkbox"/>	Conduct a walk-thru of the employee's work area and provide a general overview of the employee's typical operations, exposures, and safety requirements.			
<input type="checkbox"/>	Discuss housekeeping practices			
<input type="checkbox"/>	Review department Standard Operating Procedures (SOPs), where applicable.			
<input type="checkbox"/>	Review the department's Safety Training Matrix to identify applicable Cal/OSHA training requirements.			
Employee signature when completed:			Date:	

DEPARTMENT SPECIFIC SAFETY ORIENTATION AND ONBOARDING

AERIAL DEVICES		Employee Exposure <input type="checkbox"/> Yes <input type="checkbox"/> No		
	TASK	ASSIGNED TRAINER	NEED BY	COMPLETED
<input type="checkbox"/>	Schedule training by a qualified person. This should include at minimum: <ul style="list-style-type: none"> <input type="checkbox"/> Explanations of electrical, fall, and falling object hazards <input type="checkbox"/> Procedures for dealing with hazards and unsafe work conditions <input type="checkbox"/> Recognizing and avoiding unsafe conditions in the work setting <input type="checkbox"/> Instructions for correct operation of the lift (including maximum intended load and load capacity) <input type="checkbox"/> When and how to perform pre-operation inspections and site hazard assessments <input type="checkbox"/> Manufacturer's requirements 			
<input type="checkbox"/>	Employee must demonstrate the skills and knowledge needed to operate the lift before operating it on the job			
<input type="checkbox"/>	Review tasks employee will perform and any department specific policies and procedures			
Employee signature when completed:			Date:	

COMPRESSED GAS SAFETY		Employee Exposure <input type="checkbox"/> Yes <input type="checkbox"/> No		
	TASK	ASSIGNED TRAINER	NEED BY	COMPLETED
<input type="checkbox"/>	Schedule training on compressed gas use, handling, and storage safety (LMS or vendor).			
<input type="checkbox"/>	Schedule training on department specific equipment			
<input type="checkbox"/>	Review precautions for gas specific hazards			
<input type="checkbox"/>	Review emergency procedures			
<input type="checkbox"/>	Review tasks employee will perform, any department specific policies and procedures			
Employee signature when completed:			Date:	

CONFINED SPACE AWARENESS (FOR EMPLOYEES NOT ENTERING SPACE)		Employee Exposure <input type="checkbox"/> Yes <input type="checkbox"/> No		
TASK	ASSIGNED TRAINER	NEED BY	COMPLETED	
<input type="checkbox"/> Provide confined space awareness training including hazards of confined spaces, how to recognize confined spaces, and that entering is prohibited				
<input type="checkbox"/> Discuss any department specific policies				
Employee signature when completed:		Date:		

CONFINED SPACE ENTRY		Employee Exposure <input type="checkbox"/> Yes <input type="checkbox"/> No		
TASK	ASSIGNED TRAINER	NEED BY	COMPLETED	
<input type="checkbox"/> Based on the employee's role (entry supervisor, entrant, attendant, gas tester, rescue) provide the appropriate confined space entry training.				
<input type="checkbox"/> The training should include both lecture and instructor lead hands-on content (retraining to occur every 3 years) <div style="margin-left: 20px;"> <input type="checkbox"/> The UC Davis LMS Confined Space training and the UC Davis Confined Space Entry Program can be used as part of the lecture portion training or as training tools </div> <div style="margin-left: 20px;"> <input type="checkbox"/> Training must include 'hands on' instruction on use of gas monitoring, bump testing, rescue/retrieval, and ventilation equipment. </div>				
<input type="checkbox"/> Trainer certify the employee's proficiency in their assigned duties and upload the certification document into the LMS system				
Employee signature when completed:		Date:		

CONTROL OF HAZARDOUS ENERGY (LOCKOUT/TAGOUT)		Employee Exposure <input type="checkbox"/> Yes <input type="checkbox"/> No		
TASK	ASSIGNED TRAINER	NEED BY	COMPLETED	
<input type="checkbox"/> Discuss the specific equipment and operations where the UC Davis Lockout/Tagout program is required.				
<input type="checkbox"/> Determine the employee's role (authorized, affected) and schedule the appropriate Lockout/Tagout training (LMS) <div style="margin-left: 20px;"> <input type="checkbox"/> Affected persons LMS training module Lockout/Tagout training </div> <div style="margin-left: 20px;"> <input type="checkbox"/> Authorized persons LMS training Lockout/Tagout for Authorized Persons </div>				
<input type="checkbox"/> Review department/equipment specific procedures and show the energy isolation, lockout locations for equipment and have the employee demonstrate skill and understanding if applicable to role.				
Employee signature when completed:		Date:		

DRIVING SAFETY		Employee Exposure <input type="checkbox"/> Yes <input type="checkbox"/> No		
TASK	ASSIGNED TRAINER	NEED BY	COMPLETED	
<input type="checkbox"/> Review the department's driver safety rules.				
<input type="checkbox"/> Schedule applicable driver training (LMS).				
<input type="checkbox"/> Review vehicle inspection procedures.				
<input type="checkbox"/> Review vehicle accident reporting procedures.				
Employee signature when completed:		Date:		

ELECTRICAL SAFETY (GENERAL AWARENESS)		Employee Exposure <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please Note: This training is an awareness level training and does not include completing work on electrical systems. Please see PPM 290-85 for information on qualification and training requirements to work on electrical systems.			
TASK	ASSIGNED TRAINER	NEED BY	COMPLETED
<input type="checkbox"/> Provide appropriate training through the Electrical Safety Awareness training (LMS) and/or the UC Davis Electrical Safety Awareness resource page.			
<input type="checkbox"/> Discuss the electrical hazards in the work place and any department specific policies (ex: heater or fan policy)			
Employee signature when completed:		Date:	

ERGONOMICS-INDUSTRIAL		Employee Exposure <input type="checkbox"/> Yes <input type="checkbox"/> No	
TASK	ASSIGNED TRAINER	NEED BY	COMPLETED
<input type="checkbox"/> Schedule " Back Safety and Injury Prevention " training (LMS).			
<input type="checkbox"/> Schedule " Ergonomics in the Workplace " (LMS).			
<input type="checkbox"/> If applicable, discuss available materials handling equipment (e.g. carts, wheelbarrows, hand trucks, pallet jacks).			
<input type="checkbox"/> Review and discuss UC-Davis Campus Ergonomics Program website resource page.			
Employee signature when completed:		Date:	

ERGONOMICS-OFFICE		Employee Exposure <input type="checkbox"/> Yes <input type="checkbox"/> No	
TASK	ASSIGNED TRAINER	NEED BY	COMPLETED
<input type="checkbox"/> Schedule " Ergonomics for Computer Users " training and risk assessment on LMS.			
<input type="checkbox"/> For hybrid employees, schedule " Ergonomics Self-Evaluation for Remote Work " on LMS.			
<input type="checkbox"/> Perform Tier 1 Ergonomics Evaluation.			
<input type="checkbox"/> Refer the new employee to Ergonomics Lab for testing keyboards and mice.			
<input type="checkbox"/> If a new chair is needed, schedule a chair fitting with the UCD Furniture Program (furniture@ucdavis.edu)			
<input type="checkbox"/> For hybrid employees, provide access to the optional resources " Home Office Ergonomics " and " Healthy Working@Home ".			
Employee signature when completed:		Date:	

FALL PROTECTION AWARENESS (NO PERSONAL FALL PROTECTION USE)		Employee Exposure <input type="checkbox"/> Yes <input type="checkbox"/> No	
TASK	ASSIGNED TRAINER	NEED BY	COMPLETED
<input type="checkbox"/> Discuss with the employee the tasks that may expose them to falls from heights and provide them with Fall Protection Awareness training (LMS).			
<input type="checkbox"/> If standard operating procedures are in place that will eliminate the employee having to work at heights, review the procedures and the requirements associated with not working at heights			
<input type="checkbox"/> If passive fall protection is used to protect against fall from heights such as gates, chains, nets, etc. review the standard operating procedures associated with their use.			
Employee signature when completed:		Date:	

FALL PROTECTION		Employee Exposure <input type="checkbox"/> Yes <input type="checkbox"/> No		
	TASK	ASSIGNED TRAINER	NEED BY	COMPLETED
<input type="checkbox"/>	If an employee will work at heights where personal fall protection systems will be utilized, identify the employee's role (competent person, authorized person, rescue) and schedule the appropriate training. To determine the training requirements, reference the UC Davis Fall Protection Program			
<input type="checkbox"/>	The training should include both lecture and instructor lead hands-on content (retraining to occur every 2 years) <ul style="list-style-type: none"> <input type="checkbox"/> The UC Davis LMS trainings can be used part of the lecture portion training <input type="checkbox"/> The other portion of the training must be role specific, department specific, equipment specific and must include 'hands on' practical training. <input type="checkbox"/> Training/authorization should include performance assessments of trainee's based upon observation of physical demonstrations of skill or theoretical exercises 			
<input type="checkbox"/>	Review the worksite fall protection procedure and rescue plan.			
Employee signature when completed:			Date:	

HAZARD COMMUNICATION		Employee Exposure <input type="checkbox"/> Yes <input type="checkbox"/> No		
	TASK	ASSIGNED TRAINER	NEED BY	COMPLETED
<input type="checkbox"/>	Schedule hazard communication training (LMS). This training includes: <ul style="list-style-type: none"> <input type="checkbox"/> Recognizing the purpose, scope and elements of the hazard communication standard. <input type="checkbox"/> Identifying how chemical hazards are determined. <input type="checkbox"/> Identifying the purpose of a Safety Data Sheet, and its components. <input type="checkbox"/> Identifying chemicals and their hazards, through campus labeling and warning practices. <input type="checkbox"/> Recognizing the physical and health hazards inherent with hazardous chemicals. <input type="checkbox"/> Recognizing the information and training required by Cal/OSHA's Hazard Communication Standard. 			
<input type="checkbox"/>	Discuss the hazardous materials used in the work area and safe handling requirements.			
<input type="checkbox"/>	Discuss and demonstrate how to access safety data sheets.			
<input type="checkbox"/>	Provide a copy and/or advise the employee of the specific location of the written Hazard Communication Program and the Department Specific Hazard Communication Program Summary.			
<input type="checkbox"/>	Confirm the employee has reviewed the HazCom documents, has had the opportunity to ask questions and the employee understands the HazCom Program and Department Specific HazCom Program Summary.			
<input type="checkbox"/>	Train on maintaining the hazardous chemical inventory in the UC Davis Chemical Inventory System, if the employee is responsible for this task.			
Employee signature when completed:			Date:	

HEARING CONSERVATION		Employee Exposure <input type="checkbox"/> Yes <input type="checkbox"/> No		
PLEASE NOTE: To determine if a Hearing Conservation Program is needed and if this section is applicable to your space, task or operation please contact the EH&S Industrial Hygiene team at lfrani@ucdavis.edu				
	TASK	ASSIGNED TRAINER	NEED BY	COMPLETED
<input type="checkbox"/>	Discuss the spaces, tasks and operations where hearing protection is required.			
<input type="checkbox"/>	Review the UC Davis PPM 280-53 Hearing Conservation .			
<input type="checkbox"/>	Schedule baseline audiogram with Occupational Health Services based on the EH&S Industrial Hygiene team's recommendation (an annual audiogram is required thereafter).			
<input type="checkbox"/>	Schedule hearing conservation training through the department or LMS (required annually thereafter). This should include how to use, store and care for hearing protection devices.			
<input type="checkbox"/>	Distribute or show where hearing protection devices (ear plugs, earmuffs, etc.) is made available to employees.			
Employee signature when completed:			Date:	

HEAT ILLNESS		Employee Exposure <input type="checkbox"/> Yes <input type="checkbox"/> No		
	TASK	ASSIGNED TRAINER	NEED BY	COMPLETED
<input type="checkbox"/>	Review the UC Davis Heat Illness Procedure Manual .			
<input type="checkbox"/>	Provide departmental training Heat Illness Prevention training or schedule training through the LMS.			
<input type="checkbox"/>	Discuss the tasks and operations that would require strenuous work in hot conditions. Review the importance of water, acclimatization, shade, and recovery. Ensure the employees understands the signs and symptoms of heat illness.			
Employee signature when completed:			Date:	

LADDER SAFETY		Employee Exposure <input type="checkbox"/> Yes <input type="checkbox"/> No		
	TASK	ASSIGNED TRAINER	NEED BY	COMPLETED
<input type="checkbox"/>	Provide appropriate training on types of ladders employees will use and their locations. <input type="checkbox"/> The importance of ladder safety and common hazards <input type="checkbox"/> The selection of the ladder (type of ladder, weight capacity, height) <input type="checkbox"/> Appropriate set-up and safe use practices <input type="checkbox"/> Pre-use inspection and removal of service if damaged <input type="checkbox"/> Prohibited use of ladders <input type="checkbox"/> Storage requirements			
<input type="checkbox"/>	Discuss department specific policies concerning ladders			
Employee signature when completed:			Date:	

PERSONAL PROTECTIVE EQUIPMENT		Employee Exposure <input type="checkbox"/> Yes <input type="checkbox"/> No		
	TASK	ASSIGNED TRAINER	NEED BY	COMPLETED
<input type="checkbox"/>	Review the employee's tasks and reference the PPE assessment/certification to identify the required PPE.			
<input type="checkbox"/>	Distribute the proper PPE to the employee (size, design, level of protection, etc.).			
<input type="checkbox"/>	Provide initial instruction on required use, care, inspection, and how to report defective equipment.			
<input type="checkbox"/>	Schedule formal PPE training for applicable types of PPE to be used. PPE training modules (LMS) assignments are dependent on what will be worn. PPE resource page on training model descriptions			
Employee signature when completed:			Date:	

POWERED INDUSTRIAL TRUCK (FORKLIFT, POWERED PALLET JACK)		Employee Exposure <input type="checkbox"/> Yes <input type="checkbox"/> No		
	TASK	ASSIGNED TRAINER	NEED BY	COMPLETED
<input type="checkbox"/>	Identify the type of powered industrial truck the employee will operate and schedule the appropriate training. Resources to reference include: <ul style="list-style-type: none"> <input type="checkbox"/> UC Davis Forklift Certification resource page <input type="checkbox"/> UC Davis Pallet Jack Safety Course <input type="checkbox"/> UC Davis LMS forklift training can be used as part of the classroom portion training <input type="checkbox"/> The other portion of the training must be role specific, department specific, equipment specific and must include 'hands on' practical training. <input type="checkbox"/> Training/authorization should include performance assessments of trainee's based upon observation of physical demonstrations of skill or theoretical exercises 			
<input type="checkbox"/>	The employee must complete initial training provided by a qualified person and be evaluated for operation performance prior to being assigned to operate a PIT. This includes: <ul style="list-style-type: none"> <input type="checkbox"/> Formal instruction (e.g., lecture, discussion, computer based, video, written material) <input type="checkbox"/> Practical training (demonstrations performed by the trainer and practical exercises performed by trainee) <input type="checkbox"/> Evaluation of the operator's performance in the workplace 			
<input type="checkbox"/>	Complete the Certification of Completion and provide a copy to EH&S. The certification document will be uploaded into the LMS system.			
Employee signature when completed:			Date:	

RESPIRATORY PROTECTION		Employee Exposure <input type="checkbox"/> Yes <input type="checkbox"/> No		
	TASK	ASSIGNED TRAINER	NEED BY	COMPLETED
<input type="checkbox"/>	Discuss the tasks and operations where respiratory protection is required.			
<input type="checkbox"/>	Review the UC Davis Respiratory Protection Program .			
<input type="checkbox"/>	Obtain a medical respirator clearance by completing and submitting the following forms to Occupational Health Services: <input type="checkbox"/> Request & Authorization Form <input type="checkbox"/> Respiratory Questionnaire The respirator questionnaire will be reviewed by a health professional and a clearance will be given typically in 48 hours. The clearance will be e-mailed to the employee.			
<input type="checkbox"/>	Schedule respirator fit testing with Occupational Health Services (required annually thereafter). Respirators will either be provided to you by our department or by Occupational Health during the fit testing appointment. During the fit testing appointment, the employee will also receive: <input type="checkbox"/> Their respirator and the proper accessories (cartridges/filters, etc.). <input type="checkbox"/> Training on the proper use, limitations, cleaning, storage, user seal checks, and cartridge change out schedules.			
Employee signature when completed:			Date:	

SHOP SAFETY PLAN		Employee Exposure <input type="checkbox"/> Yes <input type="checkbox"/> No		
	TASK	ASSIGNED TRAINER	NEED BY	COMPLETED
<input type="checkbox"/>	Provide a general overview of the shops and the hazards and controls that are common in the environment			
<input type="checkbox"/>	Review the department shop safety plan including policies and procedures listed in the shop safety plan.			
<input type="checkbox"/>	Add the employer to the Authorized User list once equipment specific training is completed (see tools and equipment section below).			
Employee signature when completed:			Date:	

TOOLS (HAND AND POWER) AND HEAVY EQUIPMENT		Employee Exposure <input type="checkbox"/> Yes <input type="checkbox"/> No		
	TASK	ASSIGNED TRAINER	NEED BY	COMPLETED
<input type="checkbox"/>	Provide SOPs and review all applicable tool standard operating procedures (SOPs)			
<input type="checkbox"/>	Provide hands-on training on tools, equipment and heavy equipment the employee will operate or have access to use			
<input type="checkbox"/>	Identify any certification and licensing requirements and ensure they are up to date			
<input type="checkbox"/>	Discuss proper storage and care of equipment			
<input type="checkbox"/>	Discuss what to do with defective equipment.			
<input type="checkbox"/>	Identify specific tools/equipment listed on the last page of this guide and schedule training for proper use of tool			
Employee signature when completed:			Date:	

DEPARTMENT SPECIFIC SAFETY EMPLOYEE TRAINING WORKSHEET

Identify the topics where additional training is required and or warranted*. Reference the UC Davis Safety Training Matrix, Department Standard Operating Procedures, and UC Davis programs to help identify the required training.

<input type="checkbox"/> Accident Investigation Techniques	<input type="checkbox"/> Ergonomics - Office	<input type="checkbox"/> Ladder Safety
<input type="checkbox"/> Aerial Devices	<input type="checkbox"/> Ergonomics – Industrial	<input type="checkbox"/> Lead Awareness
<input type="checkbox"/> Asbestos Awareness	<input type="checkbox"/> Equipment Maintenance Activities	<input type="checkbox"/> Lockout/Tag Out (Control of Hazardous Energy)
<input type="checkbox"/> Battery Handling & Maintenance	<input type="checkbox"/> Excavation/Trenching/Shoring	<input type="checkbox"/> Outdoor Hazards (plants, animals, insects)
<input type="checkbox"/> Bloodborne Pathogens	<input type="checkbox"/> Fall Protection	<input type="checkbox"/> Personal Protective Equipment Requirements (PPE)
<input type="checkbox"/> Compressed Gas Safety	<input type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Pesticide Use Safety
<input type="checkbox"/> Confined Space	<input type="checkbox"/> First Aid/CPR	<input type="checkbox"/> Respiratory Protection
<input type="checkbox"/> Crane, Hoist and Rigging	<input type="checkbox"/> Forklift (Powered Industrial Truck)	<input type="checkbox"/> Safety Committee
<input type="checkbox"/> Driver Safety	<input type="checkbox"/> Hazardous Waste	<input type="checkbox"/> Traffic Control & Flagger
<input type="checkbox"/> Electrical Safety - General	<input type="checkbox"/> Hearing Conservation	<input type="checkbox"/> Tree Work
<input type="checkbox"/> Electrical Safety - Industrial	<input type="checkbox"/> Heat Illness Prevention	<input type="checkbox"/> Hot Work- Welding & Cutting Safety/Fire Watch
<input type="checkbox"/> Emergency Eyewash/Safety Shower	<input type="checkbox"/> Inspection Techniques (Hazard ID)	<input type="checkbox"/> Wildfire Smoke Protection

* Outline additional training requirements if not included above or for specific tasks and operations.

Tools & Equipment	Hazardous Materials & Chemicals	Personal Protective Equipment (PPE)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>