

# Employee Safety Training Checklist

for the MSU Department of Horticulture

Name:		Department:	
Job Title:		Supervisor:	
<b>Employee Safety Training</b>			
<b>1. Emergency Response</b>			
		Location Requirement	Date Completed
	Emergency information	Lab - Greenhouse - Farm	
	Location of medical treatment facilities & accident report form	Lab - Greenhouse - Farm	
	Define minor vs. major accidents and how to gain medical assistance	Lab - Greenhouse - Farm	
	Spill kits – location and how to use	Lab - Greenhouse - Farm	
	Fire Extinguishers – location and how to use	Lab - Greenhouse - Farm	
	First-aid kit & bloodborne pathogens	Lab - Greenhouse - Farm	
	Procedures for severe weather–rally point, lightning, severe weather	Lab - Greenhouse - Farm	
	Security	Lab - Greenhouse - Farm	
<b>2. MSU Right to Know (ORCBS online training – <a href="http://www.orcbs.msu.edu">http://www.orcbs.msu.edu</a>)</b>		Greenhouse - Farm	
<b>3. Chemical Hygiene, Hazardous Waste</b>		Lab	
<b>4. Radiation</b>		Lab	
<b>5. Worker Protection Standards</b>			
	Online training and farm worksheet	Greenhouse - Farm	
	Central Location/Field Posting Procedures - Meetings held yearly on the second Tuesday of May and June	Greenhouse - Farm	
	MSDS – located by central location	Lab - Greenhouse - Farm	
	Heat stress (ORCBS online training video – 12.5 minutes)	Lab - Greenhouse - Farm	
	Pesticide applicators - MDA license on file in farm office - Respirators-medical exam at Olin Health Center (353 – 9137) & fit test done at ORCBS (355-0153).	Lab - Greenhouse - Farm	
	Heat Stress – ORCBS online training		
<b>6. Personal Protective Equipment (PPE)</b>			
	Dress code for daily activities (handout)	Lab - Greenhouse - Farm	
	Exposure to health risk/physical demands (only full time employees)	Lab - Greenhouse - Farm	
	Back safety – (ORCBS online training video – 17 minutes)	Farm	
	Hearing protection (ORCBS online training video – 16 minutes)	Farm	
	Location of eye protection, hearing protection, hard hats and chainsaw chaps	Lab - Greenhouse - Farm	

Reviewed by Hort. Department Safety Committee & ORCBS

## In the event of a medical emergency, please contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Trainer or Farm Manager Signature

\_\_\_\_\_  
Date

**Return completed form to Horticulture Main Office within 30 days of hire**