

Safety Training Checklist

Name _____

Date _____

Job Title _____

Employee Initials

I have received a copy of the Safety Regulations _____

I have been trained in the following areas:

Safety rules, both general and job specific _____

Proper lifting _____

Injury reporting _____

Importance of housekeeping _____

Reporting of unsafe conditions _____

Location of First Aid box _____

Location of common slip/fall areas and the importance of keeping these clean and clear _____

Location of fire extinguisher _____

Location of fire exits _____

Ladder safety _____

Proper handling of knives _____

How to use specific equipment:

Slicer _____

Mixer _____

Coffee/Tea/Espresso Machines _____

Can Opener _____

Other (list by name) _____

* _____

* _____

Employee Signature _____ Date _____

Manager Signature _____ Date _____