

Darby Military Community
Installation Safety Office

NEW EMPLOYEE IN-BRIEF / ANNUAL REFRESHER SAFETY BRIEFING

EMPLOYEE:

BRANCH/UNIT:

SUPERVISOR:

___ I have been briefed on how my part in promoting and ensuring Safety in the workplace contributes to the mission of my organization.

___ I have been briefed on my organization's Safety policies and where to obtain a copy of the most current Safety SOP for both my organization and it's higher HQs.

___ I have been briefed on the organizations safety inspection policy and the need to do daily closing time inspections of my work area for, at a minimum, the following: combustible hazards, tripping hazards, transformers and extension cords unplugged or turned off, or any unsafe conditions.

___ I have been briefed on the need to ensure that hallways and stairs free of obstructions, and concealed spaces or areas near heating appliances are free of combustibles.

___ I have been briefed on the need to report unsafe conditions to my supervisor or the ADSO.

___ I have been briefed on my Right to Complain and my obligation to report unsafe conditions.

___ I have been briefed on the Installation Safety Awards Program.

___ I have been briefed on the Safety related requirements in conjunction with extended weekends, holidays, and leave.

___ I have been briefed on the Composite Risk Management (CRM) process and my obligation to employ CRM in my everyday operations.

___ I have been briefed on the Hazard Communication Program.

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___ I have been briefed on lockout/tagout requirements for Energy Isolating Machinery.

___ I have been briefed on the ergonomic safety and its requirements in the workplace.

___ I have been briefed on the safety aspects and considerations that apply when using Material Handling Equipment in the workplace.

___ I have been briefed on the evacuation procedures in case of fire or disaster. I know where the Fire Exit Plan is located and have reviewed the plan for my area.

___ I know where the fire extinguishers in my area are located, the type of fire they are to be used on, and how the fire extinguisher operates.

___ I have identified all other fire alarm devices and know how they operate.

___ I know where all first aid boxes are located and what they contain.

___ I will inform my supervisor or the Safety representative in case of emergency.

___ I have a list of emergency response agencies and telephone numbers (Fire, Ambulance, MPs, etc.)

___ I have been briefed on accident reporting procedures and what to do in case of an on-the-job accident.

___ I have been briefed on how to obtain medical treatment in case of an on-the-job injury or accident. **NOTE: The appropriate CA-1 and CA-2, Compensation Claim form, is required for any accident/incident involving US employees. For Local National employees the local Civilian Personnel Office needs to be contacted for the procedure to be followed.**

___ Encourage employees to bring to supervisor's attention any unsafe conditions or unsafe work practices.

Supervisor's signature

Date

Employee's signature

Date