



County of El Dorado

Department of Human Resources – Risk Management Division

www.edcgov.us

330 Fair Lane, Placerville, CA 95667

Phone: 530.621.5565 Fax: 530.642.9815 TDD: 530.621.4693

VOLUNTEER SAFETY ORIENTATION CHECKLIST

This form is to be completed by the supervisor of a new or reassigned* volunteer and returned to the Department of Human Resources-Risk Management Division at riskmanagement@edcgov.us

Name: _____ Position: _____

Department: _____ Initial Date of Assignment: _____

Safety Items

Completed

- County Injury Illness and Prevention Program (IIPP)
- Department IIPP and Code of Safe Work Practices
 - Employee safety responsibilities and General Safety Rules
- Procedures for reporting work-related incidents
- Safety communication procedures; i.e. department safety coordinator, safety meetings, bulletin boards, incident forms
- Site-specific Emergency Action Plan (evacuation, First Aid kits, AED's, fire extinguishers, emergency phone numbers)

Target Solutions Computer-Based Training (Scheduled through Human Resources)**

Completed

Not Applicable

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | General Office Ergonomics (> 50% of work day at a desk) |
| <input type="checkbox"/> | <input type="checkbox"/> | Anti-Harassment Awareness (Must be completed within in 30 calendar days or the first 100 hours worked.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Workplace Violence |
| <input type="checkbox"/> | <input type="checkbox"/> | Driving Safety |
| <input type="checkbox"/> | <input type="checkbox"/> | Injury Illness Prevention Policy |

*Volunteers reassigned to different departments must complete the Safety Items only.

**Always required unless a volunteer is serving in an assignment for less than 30 days. Training must be completed within 30 calendar days unless otherwise specified above.

Additional Training Unique to Department (Scheduled through Safety Department Coordinators)

Please specify:

Volunteer Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____