**Safety Orientation Checklist**

Please gather the following information about the agency’s workplace safety and health program. (Descriptions of the each item are found on the next page.) This information will be reviewed during the orientation training. This will not only familiarize you with the workplace safety and health program information and materials, but it will help the trainer gage the status of the program during the orientation. If you are unable to locate any of the information or materials, please let the trainer know in advance of the orientation.

1. The Agency’s Workplace Safety and Health manual and

related safety program files.

1. Description of the agency’s chain of command / organizations charts.
2. Description of agency’s purpose, function and/or operations.
3. Copy of the agency safety coordinator’s position description.
4. Name and job title of the safety coordinator’s supervisor.
5. List of all occupied locations and worksites.
6. Copy of the last completed Annual Report of Accident and Illness

Prevention Program Status (LIBC-220E).

1. Copy of the agency’s current safety program goals and objectives.
2. Copy or description of the agency’s loss data for the past three

fiscal years.

1. Names and job titles of central office, regional, or worksite

safety staff / representatives.

1. List and locations of established agency safety committees.
2. Notify your supervisor about attending the orientation.

**1. Agency Workplace Safety and Health Program Manual**

Most agencies maintain a manual of agency specific policies and procedures that are required for compliance with the Workers’ Compensation Act. There are 15 mandatory safety program elements (A through O) and numerous protocols (P-elements). The protocols may be applicable and required depending upon the type of operations and hazardous exposures. In addition to the manual, locate and review any other workplace safety and health related files.

**2. Agency chain of command / organization charts**

The agency chain of command should list the names and job titles of all executives, including the agency head, deputy secretaries, and bureau directors. The information may be provided in written format or organizational charts. The purpose is to define how and where information flows through the agency.

**3. Agency purpose, function and/or operations**

This information should describe the purpose of the agency, what functions are performed, and what services are provided. The description should outline the types of jobs involved in the functions, types of equipment used to perform the functions, and the number of staff employed by the agency. Provide any additional information that is beneficial in describing the agency.

**4. Safety coordinator position description**

The position description should list your roles and responsibilities for administering the workplace safety and health program.

**5. Name and job title of the safety coordinator’s supervisor**

Provide information that includes the names and titles of your direct supervisor and any other individuals you must receive approval from to successfully complete your job responsibilities.

**6. List of all occupied locations and worksites**

This information should include the locations of all occupied worksites. Include all locations that are owned or leased by your agency or the commonwealth.

**7. Annual Report of Accident Illness Prevention Program Status *(LIBC-220E)***

This report must be completed annually and submitted to the Office of Administration. The reports are reviewed, compiled, and submitted to the Bureau of Workers’ Compensation (BWC).

**8. Current Safety Program Goals and Objectives**

This information is frequently found in the agency’s Workplace Safety and Health Program Manual. Provide the document that outlines the goals and objectives for your agency’s Accident & Illness Prevention Program.

**9. Copy or description of the agency’s loss data**

Provide information or any analysis on the number of claims, their associated costs, and types of injuries occurring in the agency for the past three fiscal years. The data can be provided in a written report, graphs, or spreadsheets. The information can be obtained from the following: agency effectiveness measures spreadsheet, workers’ compensation and safety metrics report, CSI online safety reports, or by reviewing incident/claim reports. The information is helpful in identifying injury types, trends, and evaluating the effectiveness of the safety program.

**10. Names and job titles of central office, regional, or worksite safety staff /**

**representatives**

This information should list the names, contact information, and titles of all staff responsible for coordinating or conducting safety program responsibilities in the agency.

**11. Agency Safety Committees**

List the locations and addresses for all of the established agency safety committees. Please include the names and contact information of the safety committee chairperson and explain how you receive information regarding the committee’s operations. If available, list the safety committees that received safety committee training on the three established modules (safety committee operations, hazard identification, and incident investigation).

**12. Notification to supervisor**

Provide notification to your supervisor requesting they attend a portion of the orientation training. Coordinate the scheduling of the orientation training with your supervisor. It is important for the supervisor of the safety program area to understand the requirements and responsibilities of the safety coordinator position.