

New Employee Safety Orientation

Self-Study Handbook

for Temporary Lecturers, Staff, and Student Employees

Who Don't Work with Hazardous Materials

Instructions

Take the quiz and sign at the bottom. When done, send to **Linda Vadura** via your Dept Office/Stockroom or to the COSE Dean's Office.

Injury and Illness Prevention Program Employee Right-To-Know

Quiz

Circle the correct answer.

1. It is my responsibility to perform my job in the safest manner possible. TRUE or FALSE
2. Stairwells and hallways may be used for storing extra furniture or equipment. TRUE or FALSE
3. I do not need to know the potential hazards and appropriate safety precautions prior to starting a new operation. TRUE or FALSE
4. I need to know how to use the emergency equipment in my area, who my emergency contacts are, and be familiar with emergency procedures. TRUE or FALSE
5. If I see an unsafe condition, I should keep it to myself. TRUE or FALSE
6. When transferring a chemical to another container, a label indentifying the contents is not required on the new container. TRUE or FALSE
7. When the evacuation alarm sounds, I should wait to see if it is "real" before leaving the building. TRUE or FALSE
8. A Material Safety Data Sheet (MSDS) contains important information about chemical properties, hazards associated, and how to respond in an emergency involving the chemical. TRUE or FALSE
9. In an emergency, I should call one of the following telephone numbers: TRUE or FALSE
 - 911 from any Campus Telephone
 - (415) 338-7200 from personal cell phones or campus telephone
10. The two major causes of ergonomics-type injuries are caused by TRUE or FALSE
 - Repetitive motions for long periods of time
 - Staying or staring in one position for too long

Employee Acknowledgement

I certify that I have read and know how to obtain a copy of the Injury and Illness Prevention Program and fully understand my responsibilities with respect to the policy and procedures as outlined. I further agree to comply with safe work practices.

Employee Signature

First

MI Last

Date

Printed Employee Name

Department