

## 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