Mathematics Department New Employee Safety Orientation

☐ I have read the Mathematics Department’s Health and Safety Plan

☐ I have read the Mathematics Department’s Emergency Plan

☐ I have checked off all boxes below and given a signed copy to Mary Sheetz

☐ 1. I know how to report emergencies. The number for Police/Medical/Fire is 911.
   I know to report any accidents or incidents to my supervisor or the Mathematics Department safety coordinator and I will submit the UW Incident/Accident Report via the Online Accident Reporting System (OARS).

☐ 2. Emergency Evacuation
   I have reviewed the emergency evacuation routes for this office and know all ways to exit the building. Our office meeting area is the HUB parking lot outside the main entry doors. I will report to the Evacuation Captain or Floor Warden for any evacuation. All doors should be closed upon exiting.

☐ 3. Local Fire Alarm Signaling System
   I know the location of every fire pull station in the C-Wing of Padelford Hall. Activating the pull station sounds an alarm in the building to alert other occupants to evacuate. Activating a fire alarm pull station will signal the UW Police and Seattle Fire Department and show the location of the emergency.

☐ 4. Portable Fire Extinguishers
   I know where portable fire extinguishers are located. I know I should use a portable fire extinguisher only if:
   • I am trained to use them, (if interested, ask the safety coordinator how to be trained),
   • the fire alarm has been sounded first.
   • the fire is small (waste basket size), and
   • I have a clear evacuation route.

☐ 5. I know where to find the following:
   • First-aid kit
   • Operable phone during power outage
   • Health and Safety Bulletin Board

☐ 6. I know where to find or get Material Safety Data Sheets if I have any concerns about what chemicals I am being exposed to.

☐ 7. I have checked the EH&S website for a list of safety classes and trainings and will discuss with my supervisor or the safety coordinator if I think such training would be necessary or helpful.

Employee Name: _______________________________
Emergency Contact: ______________________________ Relationship: __________________________
   Emergency contact phone number: ____________________________
Employee Signature: ________________________________________________ Date: ______________