EMPLOYEE SAFETY AND HEALTH RECORD

(For use of this form see DEVENS RFTA Suppl 1 to AR 385-10)

1. **NAME** (Last, First)	2. **Status** (Check One) ☐ Civilian ☐ Military	3. **Organization**

4. **OCCUPATIONAL SERIES**	5. **DUTY TITLE**

6. **HAZARDS ASSOCIATED WITH PRESENT DUTIES**

7. **OCCUPATIONAL HEALTH MEDICAL EXAMINATION REQUIRED**

I **MANDATORY ITEMS** (To be briefed to all personnel)

	(Check each item briefed)
1. HAZARDS OF THE JOB AND SAFETY PROCEDURES TO BE FOLLOWED	
2. HAZARDS OF THE WORK AREA	
3. OSHA STANDARDS AND GUIDANCE THAT APPLY TO JOB AND WORK PLACE	
4. PERSONAL PROTECTIVE EQUIPMENT NEEDED AND HOW, WHEN, AND WHERE TO USE IT (to be entered in section II of this form).	
5. LOCATION AND USE OF EMERGENCY AND FIRE PROTECTION EQUIPMENT	
6. EMERGENCY PROCEDURES THAT APPLY TO JOB AND WORKPLACE	
7. REPORTING UNSAFE EQUIPMENT, CONDITIONS, OR PROCEDURES	
8. DIAL SAFE PROCEDURES	
9. ACCIDENT REPORTING PROCEDURES	
10. EMERGENCY TELEPHONE NUMBERS	
11. LOCATION OF SAFETY BULLETIN BOARDS	
12. LOCATION OF MEDICAL FACILITIES AND PROCEDURES FOR OBTAINING TREATMENT	
13. REQUIREMENTS FOR DOCUMENTATION AND NOTIFICATION OF ON-THE-JOB INJURY OR ILLNESS	
14. INDIVIDUAL RESPONSIBILITIES FOR ENSURING OWN SAFETY	
15. REQUIRED USE OF SAFETY BELTS	
16. OTHER (List)	

II **PERSONAL PROTECTION** (Check applicable items)

	REQUIRED		ISSUED		
	YES	NO	YES	NO	DATE
1. FOOT PROTECTION					
2. ARM / HAND PROTECTION					
3. EYE PROTECTION					
4. HEARING PROTECTION					
5. RESPIRATORY PROTECTION					
6. HEAD PROTECTION					
7. OTHER (List)					

III RECORD OF JOB SAFETY TRAINING

A	B	C TYPE		D	E
DATE	SUBJECT	INITIAL BRIEFING	ANNUAL BRIEFING	SIGNATURE OF SUPERVISOR	SIGNATURE OF EMPLOYEE

IV REMARKS