

TRAINING RECORD

PUBLICATIONS UNIT SAFETY TRAINING

DATE: 01-16-20

Time: 9:00 am

Location: Basement Print Shop

Instructor: Mike Daniels

LIST KEY POINTS COVERD: Hazard Identification, First Aid, Handling & Storage of Chemicals, Firefighting measures, Slips and Falls. **No Added Chemicals & No Changes to our Policies.**

ATTENDEES:

SIGNATURE:

I here certify that I have received and understand this training, and have been giving a copy of the hazard assessment.

Michelle Schmitt



Jeff Wilson



WORKPLACE HAZARD ASSESSMENT

I am reviewing (check the appropriate box):	<input type="checkbox"/> A worksite	Specify location: Publications Unit / Labor Building			
	<input checked="" type="checkbox"/> A single employee's job description	Name of employee: Jeff Wilson			
		Working title of position: Graphic Artist			
	<input type="checkbox"/> A job description for a class of employees			Position Number: 01017130	
<input type="checkbox"/> A job description for a class of employees		Working title of positions: Graphic Artist			
<input type="checkbox"/> A job description for a class of employees		Position Number(s):			
Your Name: Mike Daniels		Department: NC Dept of Labor		Date: 01-16-20	
	EYE HAZARDS: Tasks that can cause eye injury include: working with chemicals or acids; chipping, sanding, or grinding; welding; furnace operations; and metal and wood working.				
	Check the appropriate box for each hazard:		Description of hazard(s):	Based upon the hazard assessment, the following PPE is required:	
	Chemical Exposure	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	when changing toner in copier, toner dust, may disperse in air	Follow MSDS sheets on chemicals Splash Proof Safety Goggles provided, not required
	High Heat/Cold	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
	Dust/Flying Debris	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
	Impact	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
	Light/Radiation	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
HEAD HAZARDS: Tasks that can cause head injury include: working below other workers who are using tools or materials that could fall; working on energized electrical equipment or utilities; and, working in trenches or confined spaces.					
Check the appropriate box for each hazard:		Description of hazard(s):	Based upon the hazard assessment, the following PPE is required:		



NOISE HAZARDS: Personnel may be exposed to noise hazards when machining, grinding, sanding, using pneumatic equipment, generators, motors, jackhammers, or similar equipment. **ADDITIONAL TRAINING/MONITORING IS REQUIRED!**

Check the appropriate box for each hazard:			Description of hazard(s):	Based upon the hazard assessment, the following PPE is required:
Noise hazard	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Noise from machine running only when entering print shop	PPE is not required. Noise levels are not high enough to require ear plugs. Ear plugs have been provided to the employee to use if feel the need.



HAND HAZARDS: Hand injury can be caused by: work with chemicals or acids; exposure to cut or abrasion hazards (for example, during demolition, renovation, or woodworking); and, work with very hot or cold objects or materials. **BLOODBORNE PATHOGENS – ADDITIONAL TRAINING/MONITORING IS REQUIRED!**

Check the appropriate box for each hazard:			Description of hazard(s):	Based upon the hazard assessment, the following PPE is required:
Chemical Exposure	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Working with and replacing toner cartridges Working and mixing with chemicals, if Working in the print shop or darkroom	Follow MSDS sheets on all the chemicals used in the Print Shop and Darkroom Any condition where a liquid drip, leak, spill, splash, spray, etc. could result in the liquid entering the eyes. Require items: Splash Proof Safety Goggles Cloth or Vinyl Apron
High Heat/Cold	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
Cuts/ Abrasions	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
Puncture	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
Electrical Shock	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		

	RESPIRATORY HAZARDS: Personnel may be exposed to respiratory hazards that require the use of respirators; when using certain chemicals outside of chemical fume hood; when applying paints or chemicals in confined spaces; when welding, cutting, or brazing on certain metals; and, when disturbing asbestos, lead, silica, or other particulate hazards. ADDITIONAL TRAINING/MONITORING IS REQUIRED!				
	Check the appropriate box for each hazard:		Description of hazard(s):		Based upon the hazard assessment, the following PPE is required
	Chemical Exposure	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Spray Powder for Ink drying is used while printing presses are running. Powder dust may be in the air. if Working in the Print Shop	Dust Mask Respirator is provided, but not required. Respirator training is not required
	Confined Space Work	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
	Particulate Exposure	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
Welding (fumes/dust) and/or related hazard	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>			

Certification of Job Hazard Assessment: I certify that a job hazard assessment has been conducted as required under 29 CFR 1910.132(d).

There were no changes to the Hazard Assessment: No New Chemicals Added: Reviewed with Employee

Name of Person Conducting Assessment (Please Print) : Mike Daniels

Signature of Person Conducting Assessment: _____ **Date of Certification:** 01-16-20

Signature of Person Receiving Assessment: _____

Checked Equipment – 01-16-20

Safety Kit: 3 in 1 - 1-Safety Goggle - 1-Ear Plugs - 1- Dust Mask

WORKPLACE HAZARD ASSESSMENT

I am reviewing (check the appropriate box):	<input type="checkbox"/> A worksite	Specify location: Publications Unit / Labor Building				
	<input checked="" type="checkbox"/> A single employee's job description	Name of employee: Michelle Schmitt				
		Working title of position: Processing Assistant V				
	<input type="checkbox"/> A job description for a class of employees			Position Number: 01017130		
Working title of positions: Print Shop Assistant		Position Number(s):				
Your Name: Mike Daniels		Department: NC Dept of Labor		Date: 01-16-20		
	EYE HAZARDS: Tasks that can cause eye injury include: working with chemicals or acids; chipping, sanding, or grinding; welding; furnace operations; and metal and wood working.					
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	High Heat/Cold	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>			
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High Heat/Cold	Yes <input type="checkbox"/>	No <input type="checkbox"/> X		
Cuts/ Abrasions	Yes <input type="checkbox"/>	No <input type="checkbox"/> X		
Puncture	Yes <input type="checkbox"/>	No <input type="checkbox"/> X		
Electrical Shock	Yes <input type="checkbox"/>	No <input type="checkbox"/> X		

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Name of Person Conducting Assessment (Please Print) : Mike Daniels

Signature of Person Conducting Assessment: _____ **Date of Certification:** 01-16-20

Signature of Person Receiving Assessment: Michelle Schmitt

Checked Equipment – on order

Safety Kit: 3 in 1 - 1-Safety Goggle - 1-Ear Plugs - 1- Dust Mask