

**City of New Bern  
SAFETY ORIENTATION**

<b>New Employee Orientation</b>	Date:	<b>Level 1 Training</b>
Print Your Name:		
Signature:		
<b>Topics</b>	Please Initial beside each topic indicating your participation:	<b>Comments</b>
OSHA and You		
Access To Medical Records		
What to do if you are hurt on the job		
What to do if you are in a vehicle accident		
Fire extinguishers and fire safety (EAP)		
Back Injury Reduction		
Hazcom and GHS		
Workplace Violence		
Active Shooter		
Instructor: Michael J. Beckman, CSP		

