

CHECKLIST

1. I am aware of the consultative process
2. I have been informed of the Hazard Reporting Procedure
3. I am aware all accidents must be reported immediately
4. I have been made aware of the evacuation plan
5. I have reviewed my work area for lighting & glare
6. My work area is free of hazards due to obstructions
7. I have reviewed my workstation for:
 - Correct height
 - Chair adjustment
 - Keyboard placement
 - Screen placement
 - Desktop layout
8. I have checked that all stored materials are safe
9. I have reviewed my activities and believe they can be carried out safely

Name: _____

Signature: _____

Date: _____