

SAFETY OFFICE CHECK-IN FOR NEW PERSONNEL

DEPARTMENT OF THE NAVY
NAVY REGION HAWAII SAFETY OFFICE
PEARL HARBOR, HI 96860—6000
<http://www.hawaii.navy.mil/Safety/index.htm>
(Military, Civil Service and NAF)

PRIVACY ACT STATEMENT

Privacy Act of 1974 (PL - 579) (OPM/GOVT) requires Federal agencies to inform individuals who are requested to furnish information about themselves as to the following facts concerning the information requested:

1. AUTHORITY: 5 U.S.C. 301
2. PRINCIPAL PURPOSE(S): Track training and medical surveillance data for Navy Region Hawaii Safety.
3. ROUTINE USE(S): To be used by agency officials for enrolling employees in mandatory, recurring, in-house training courses, scheduling employees for mandatory health examinations.
4. MANDATORY or VOLUNTARY DISCLOSURE: The disclosure of information requested is voluntary. However, failure to disclose may result in unfavorable consideration for continued employment

I. PERSONNEL INFORMATION (Please Print)

(To be completed by incoming employee)

Name (Last, First, MI): _____

SSN: _____ DOB (mm / dd / yy): _____ Sex: F / M
(Circle One)

Job Title: _____ Are you a supervisor? Y / N
(Circle One)

Rate/Grade (e.g. MM2, WG-09): _____ Series/Rate (e.g. 4607, MM2): _____

Status: a. Military / Civilian / NAF b. Permanent / Term or Temp / Intermittent - Expires: _____
(Circle One) (Circle One)

Command/Code: _____ Immediate Supervisor: _____

Work Location/Building #: _____ Work Phone #: _____

EMPLOYEE MUST SIGN ON APPROPRIATE LINE ON BACK OF THIS FORM

II. POTENTIAL EXPOSURES FOR THIS JOB

(The employee's supervisor must indicate whether the employee will be regularly exposed to the following hazards)

Hazardous Noise (503)	Yes	No	Sight / Eye Hazards (510)	Yes	No
Welding Fumes (602)	Yes	No	Lead (161)	Yes	No
Solvents (603)	Yes	No	Mineral Fibers (212)	Yes	No
Asbestos (115)	Yes	No	Arsenic (112)	Yes	No
Isocyanates (196)	Yes	No	Silica (187)	Yes	No
Lasers (506)	Yes	No	Radio Freq. Radiation (507)	Yes	No
Pesticides/Herbicides (179)	Yes	No	Otto Fuel (186)	Yes	No
WasteWater (702)	Yes	No	Explosives (720)	Yes	No
Freon (718)	Yes	No	Other:		
Other:			Other:		

III. CERTIFICATIONS REQUIRED FOR THIS JOB

(The employee's supervisor will indicate whether the employee must be certified/qualified in the following areas)

Respirator Use (716)	Yes	No	CPR / First Aid	Yes	No
Forklift (710)	Yes	No	CDL (706CDL)	Yes	No
Confined Space Testing	Yes	No	Scaffolding	Yes	No
Lock Out / Tag Out	Yes	No	Crane Operator/ Rigger (704)	Yes	No
HazMat Responder (711)	Yes	No	Other:		
Other:			Other:		
Other:			Other:		

IV. INITIAL EMPLOYEE TRAINING BY IMMEDIATE SUPERVISOR/MANAGER PRIOR TO EMPLOYEE WORKING IN HIS ASSIGNED AREA

(Supervisors shall provide training and initial as applicable)

Initial

- _____ a. DD Form 2272. DoD Occupational Safety and Health Protection Program
- _____ b. OPNAV 5100/11 Navy Employee Report of Unsafe or Unhealthy Working Conditions
- _____ c. Mishap Reporting Requirements
- _____ d. Safety Hazards of work area and tasking
- _____ e. Health Hazards of operations to be performed
- _____ f. Respiratory Protection (as applicable)
- _____ g. Personal Protective Equipment (PPE) required while performing job operations
- _____ h. Other specialized job safety/health training

V. All undersigned certify that the information above is true and correct to the best of their knowledge. By signature, the employee states that he/she understands the training provided.

Employee Signature: _____ Date: _____

Supervisor: _____ Signature: _____ Date: _____
(Print Name)

Division Officer: _____ Signature: _____ Date: _____
(Print Name)