

# Office Safety Training Record



Associate Name:		Date:	
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Please read each of the following statements. *Check each box indicating your understanding.*

- I read and understand the information provided in the **Office Safety Orientation and Training Guide**.
- I understand that Manpower provides general safety training and that I will receive site specific training at the client site(s) that I may be assigned to.
- Hazard Reporting.** I understand that I must immediately report hazards or other safety concerns to my Client Lead/Supervisor and Manpower Representative.
- Incident Reporting.** I understand that I must report any injury, illness or near-miss to my Client Lead/Supervisor and Manpower Representative whether I was involved or a fellow co-worker was involved.
- Drug/Alcohol Use.** I understand that it is strictly prohibited to consume, possess or be under the influence of alcohol, illegal drugs, or prescription medication that is a potential safety hazard while performing work as directed by Manpower and/or the client to which you are assigned to.
- Safety Policies/Rules.** I understand that for my safety and for those around me, it is imperative that I follow both the Client and Manpower safety policies/rules.
- Safe Lifting.** I understand that I must follow proper lifting techniques, and no lifting over 50 lbs. without a team lift. I will ask for assistance when lifting anything that is awkward or too heavy.
- Bloodborne Pathogens.** I understand that unless I am trained and authorized I will not clean-up blood or any other body fluids that are not my own.
- General Safety Awareness.** I understand that I must ask questions when I am not sure of how to perform a task, ask for assistance when I am unable to safely perform a task, to not take risks that put me or others in a situation that is unsafe.

By my signature below, I acknowledge, understand, accept and agree to comply with the information contained in this orientation and safety training. I understand this orientation is not intended to cover every topic which may arise during this assignment. I further understand that failure to adhere to the safety rules, regulations, and policies set forth by Manpower and any client site that I may be assigned to while working for Manpower may result in disciplinary action, including but not limited to: termination.

Associate (Signature)*:		Date:	
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*\*Electronic Signature: I understand that by electronically signing this document by typing my full name, I acknowledge, agree and attest that the information provided by me is true and correct and I am freely intending to create and adopt as my own an electronic signature that carries the same legal effect and enforceability as my handwritten signature.*

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## To be completed by Manpower Representative:

I have given the trainee the opportunity to discuss any questions they may have.

Manpower Representative (Signature)*:		Date:	
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