

VR-46 SQUADRON SAFETY INDOCTRINATION

Name: _____ Rate: _____ W/C: _____

SSN: _____ DOB: _____

Medical Surveillance: Hearing - () YES () NO
Respirator - () YES () NO

1. New Employee Safety Indoctrination

I received the New Employee Indoctrination IAW with all applicable safety instructions (OPNAV, COMNAVRESFOR, Wing and Squadron) and was given the opportunity to ask questions on any subject that I did not fully understand. I am also aware of the procedures to follow in the event I wish to report a work place hazard, safety violation, injury, occupational illness or safety suggestion.

Date Instructor Signature of member

2. Maintenance Safety Indoctrination (N/A for non-maintenance personnel)

I received the Maintenance Safety indoctrination and was given the opportunity to ask questions on any subject that I did not fully understand. I am aware of maintenance environmental hazards, required PPE, support equipment certifications and other safety concerns during maintenance actions.

Date Instructor Signature of member

3. HMC&C Program Indoctrination (use HAZMAT Indoctrination form)

I received the HAZMAT Indoctrination IAW OPNAVINST 4110.2 series and was given the opportunity to ask questions on any subject that I did not fully understand.

Date Instructor Signature of member

4. W/C Safety Indoctrination (use Form 5100/3)

I received the Work center Indoctrination and was given the opportunity to ask questions on any subject that I did not fully understand. I am aware of specific hazards endemic to my assigned W/C.

Date Instructor Signature of member

PRIVACY ACT STATEMENT: Authority to request the information on this form is derived from 5 USC 3.301 Department Regulations. Purpose of this form is to allow member's date of birth and social security number to appear on computer generated documents.