



## GSFC Supervisor's Safety In-Service Day Verification Checklist

**Please Print**

Supervisor	Code	Bldg.	Date
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**Instructions:** Please check all activities completed on the following checklist to verify completed activities on GSFC's Safety In-Service Day. Please include in the comment section completion dates for training not administered and any additional information requested. Please fill out the Safety In-Service Day evaluation on the reverse side.

*If additional space is required for comment section, please attach separate sheet of paper.*

**TRAINING:**

- Safety Awareness Training Video (Viewed by \_\_\_\_ of \_\_\_\_ employees)
- Hazard Communication Video (Viewed by \_\_\_\_ of \_\_\_\_ employees)
- Personal Protective Equipment Video (Viewed by \_\_\_\_ of \_\_\_\_ employees)
- Mishap Reporting Training (Presented to \_\_\_\_ of \_\_\_\_ employees)
- Monthly Training Topic (Presented to \_\_\_\_ of \_\_\_\_ employees)
  - Safety First (Presented to \_\_\_\_ of \_\_\_\_ employees)
  - Fire Safety (Presented to \_\_\_\_ of \_\_\_\_ employees)
  - Avoiding Slips, Trips and Falls (Presented to \_\_\_\_ of \_\_\_\_ employees)
  - Other: \_\_\_\_\_ (Presented to \_\_\_\_ of \_\_\_\_ employees)
- Additional Training (be specific) (Presented to \_\_\_\_ of \_\_\_\_ employees)

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**WORK AREA ACTIVITIES:**

- Work area safety inspections (Completed \_\_\_\_ of \_\_\_\_ inspections)  
 (please identify in comment section)
- Completed Job Safety Analysis (Completed \_\_\_\_ of \_\_\_\_ JSA's)
- Safety Culture Survey (Completed by \_\_\_\_ of \_\_\_\_ employees)
- Work area cleaned. Housekeeping (Adequately cleaned \_\_\_\_ of \_\_\_\_ work areas)
- Distributed Safety Pocket Guide, stickers and other related safety material
- Other (be specific in comment section)
- All activities documented and filed

**Comments:** \_\_\_\_\_  
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**Additional  
Comments:** \_\_\_\_\_

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**Safety In-Service Day Evaluation Portion.**

<b>1) Will this Safety In-Service Day be of any value to you in your job? Why or why not?</b>
<b>2) What did you like best about the Safety In-Service Day and Why?</b>
<b>3) What did you like least about the program and why?</b>
<b>4) What would you do to improve the In-Service Day for next year?</b>

*Thank You for your participation on In-Service Day. If you have any other comments or suggestions on how to make the Safety In-Service Day more valuable, please contact the Safety Office 6-9959 (Greenbelt) or 7-2518 (Wallops).*

*This form must be completed by close of business on In-Service Day. Upon completion forward to Directorate Office through division offices.*

\_\_\_\_\_  
**Supervisors Signature and Date**