

EMPLOYEE SAFETY DATA SHEET
 UNL Injury and Illness Prevention Program
 Form EHS-IIPP-05 (Revised 11/07)

(For assistance, please contact EHS at (402) 472-4925, or visit our web site at <http://ehs.unl.edu/>)

In general, supervisors will choose to keep track of employee safety information on the employee's Job Safety Assessment (form EHS-IIPP-02), or by maintaining a file on the employee. This **optional** form can be used, however, to consolidate safety information about an individual employee, as desired by the supervisor. For example, supervisors who prepare Job Safety Assessments based on tasks, as opposed to based on an employee, may choose to use this form to list all Job Safety Assessments applicable to an individual employee.

Location: _____ Department: _____

Supervisor: _____ Date Initiated: _____

Name of Employee: _____

Employee Job Title: _____

Job Safety Assessment(s):

The Job Safety Assessment (JSA) for this employee is based on the following:

- An individual employee (date of JSA): _____
- A job classification (title and date of JSA): _____
- The following tasks (task description and date of JSA):

Training Records:

DATE OF CLASS	NAME OF CLASS	DATE REFRESHER TRAINING IS REQUIRED

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Personal Protective Equipment (PPE):

DATE OF ASSIGNMENT	DESCRIPTION OF PPE ASSIGNED / WHEN IT MUST BE WORN	LIMITATIONS OF PPE

Accidents*:

DATE OF ACCIDENT	BRIEF DESCRIPTION / AMOUNT OF LOST TIME	DATE OF ACCIDENT INVESTIGATION REPORT