



CONSUMER SAFETY TRAINING CHECKLIST

Consumer Name: _____

Program/Work Site:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> VTE - Sacramento | <input type="checkbox"/> ALIVE - Antioch | <input type="checkbox"/> Futures Day Program | <input type="checkbox"/> GARDEN - Antioch |
| <input type="checkbox"/> VTE - Segundo | <input type="checkbox"/> ALIVE - CCTP | <input type="checkbox"/> Supported Employment | <input type="checkbox"/> GARDEN - Livermore |
| <input type="checkbox"/> VTE - Tercero | <input type="checkbox"/> ALIVE - Concord | <input type="checkbox"/> Nifty Thrift | <input type="checkbox"/> GARDEN - Brentwood |
| <input type="checkbox"/> Other _____ | | | |

HEALTH & SAFETY POLICY

Futures Explored, Inc. believes its employees and consumers are our most important assets and recognizes that the safeguarding of their health and safety cannot be over-emphasized. To do so, Futures shall not only comply with all current occupational health, safety and environmental laws, we shall also develop the best feasible operations, procedures, technologies and policies to manage risk and to protect the health and safety of persons receiving services and employees. This policy also applies to all visitors to Futures facilities. The organization recognizes its legal and moral responsibilities for the safety of consumers in Futures' programs and at its facilities.

To help the agency maintain a safe workplace, everyone must be safety conscious at all times.

I have received training in the following areas:

- Emergency Exits**
- Equipment I use at program/work.**
- I know I should wear a hat and sunscreen when outdoors.**
- I know I should wear rain gear during stormy weather.**
- I know who to go to for help in case of an emergency.**
- I know when to call 911 in case of an emergency.**

I understand this training and agree to comply with the Health & Safety Policies and guidelines for safe practices for my program/work area.

Client Signature

Date

Trainer Signature/Title

Date