

## PLASTICA HEALTH & SAFETY DVD TRAINING

Name: ..... Department: .....

Please complete the date that you viewed the DVD and sign. By signing you are confirming that you have viewed the DVD and that you understand the training given and what you need to do as an employee. If you have any questions regarding the training that have not been answered during the DVD please inform the person facilitating the training.

DVD	Date Viewed	Signed
<b>Introduction to Health &amp; Safety</b> <ul style="list-style-type: none"><li>• First Aid</li><li>• Accident Reporting</li><li>• Slips Trips and Falls</li><li>• Manual Handling</li><li>• PPE &amp; COSHH</li><li>• Equipment Safety</li><li>• Fire Safety</li><li>• People at Risk</li></ul>		
<b>Manual Handling Safety Essentials</b> <ul style="list-style-type: none"><li>• Anatomy of the Back</li><li>• Making an Assessment</li><li>• Lifting Techniques</li><li>• Lifting Aids and Equipment</li><li>• LITE Assessment</li></ul>		
<b>Office Safety Essentials</b> <ul style="list-style-type: none"><li>• Accident Prevention</li><li>• Accident Reporting</li><li>• Slips, Trips and Falls</li><li>• Safe Lifting Techniques</li><li>• Display Screen Equipment</li><li>• Fire Safety Basics</li><li>• People at Risk</li></ul>		
<b>Working at Height</b>		