Employee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trainer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This checklist is a guideline for conducting employee safety orientations for employees new to our Safety Program.   
Once completed and signed by both supervisor and employee, it serves as documentation that orientation has taken place.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | | |  | Date | Initials |
| 1. | Explain the company safety program, including the Company Accident Prevention Program: | | | |  |  |
|  |  | | Orientation/On the Job Training | | \_\_\_\_\_\_ | \_\_\_\_\_\_ |
|  |  | | Safety meetings/Safety Committee | | \_\_\_\_\_\_ | \_\_\_\_\_\_ |
|  |  | | Incident investigation | | \_\_\_\_\_\_ | \_\_\_\_\_\_ |
|  |  | | Disciplinary action | | \_\_\_\_\_\_ | \_\_\_\_\_\_ |
| 2. | Use and care of personal protective equipment (Hard hat, ear protection, eye protection, etc.) | | | | \_\_\_\_\_\_ | \_\_\_\_\_\_ |
| 3. | Line of communication and responsibility for immediately reporting injuries. | | | |  |  |
|  | A. | When to report an injury | | | \_\_\_\_\_\_ | \_\_\_\_\_\_ |
|  | B. | How to report an injury | | | \_\_\_\_\_\_ | \_\_\_\_\_\_ |
|  | C. | Who to report an injury to | | | \_\_\_\_\_\_ | \_\_\_\_\_\_ |
|  | D. | Filling out incident report forms | | | \_\_\_\_\_\_ | \_\_\_\_\_\_ |
| 4. | General overview of operation, procedures, methods and hazards as they relate to the specific job | | | | \_\_\_\_\_\_ | \_\_\_\_\_\_ |
| 5 | First aid supplies, equipment and training | | | |  |  |
|  | A. | Obtaining treatment | | | \_\_\_\_\_\_ | \_\_\_\_\_\_ |
|  | B. | Location of Facilities | | | \_\_\_\_\_\_ | \_\_\_\_\_\_ |
|  | C. | Location and names of First-aid trained personnel | | | \_\_\_\_\_\_ | \_\_\_\_\_\_ |
| 6. | Emergency plan | | | |  |  |
|  | A. | Exit location and evacuation routes | | | \_\_\_\_\_\_ | \_\_\_\_\_\_ |
|  | B. | Use of fire fighting equipment (extinguishers, hose) | | | \_\_\_\_\_\_ | \_\_\_\_\_\_ |
|  | C. | Specific procedures (medical, chemical, etc.) | | | \_\_\_\_\_\_ | \_\_\_\_\_\_ |
| 7. | Vehicle, PPE, Equipment, and Tool safety | | | | \_\_\_\_\_\_ | \_\_\_\_\_\_ |
| 8. | Personal work habits - Accident Prevention Policies | | | | \_\_\_\_\_ | \_\_\_\_\_ |
|  | Additional Training as Required by Job Description | | | | Required | Date Received |
| 9. |  | Competent Person Fall Protection/Ladders/Scaffolds | | | \_\_\_\_\_\_ | \_\_\_\_\_\_ |
|  |  | Competent Person Excavation and Trenching | | | \_\_\_\_\_\_ | \_\_\_\_\_\_ |
|  |  | Competent Person Confined Space | | | \_\_\_\_\_\_ | \_\_\_\_\_\_ |
|  |  | Respiratory - Medical Evaluation/Fit Testing | | | \_\_\_\_\_\_ | \_\_\_\_\_\_ |
|  |  | Heat Related Illness | | | \_\_\_\_\_\_ | \_\_\_\_\_\_ |
|  |  | Signal Person/Rigging | | | \_\_\_\_\_\_ | \_\_\_\_\_\_ |
|  |  | Forklift/EWP | | | \_\_\_\_\_\_ | \_\_\_\_\_\_ |
|  |  | Silica, Lead, Asbestos Awareness | | | \_\_\_\_\_\_ | \_\_\_\_\_\_ |
|  |  | GHS HAZCOM | | |  |  |

NOTE TO EMPLOYEES: Do not sign unless ALL items are covered and ALL questions are satisfactorily answered.

The signatures below document that the appropriate elements have been discussed to the satisfaction of both parties, and that both the supervisor and the employee accept responsibility for maintaining a safe and healthful work environment.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_