Safety Orientation Checklist



Employee Name:	Position:
Department:	_ Supervisor:
Employee is:	
□ New employee	
□ Rehire	
□ Full time	
□ Part time	
<pre>Temporary</pre>	
Orientation Agenda:	
☐ Purpose of orientation	
☐ Report accidents to supervisor immediately	/
$\hfill \square$ Report unsafe conditions to supervisor imm	nediately
First-aid	
☐ Obtaining treatment	
☐ Location of facilities	
☐ Location and names of first aid/CPR certi	fied employees
Potential hazards on the job — what they are	2
☐ How to avoid hazards	
☐ Required personal protective equipment	
☐ Care and use of personal protective equip	nent
☐ Review of hazard communication program and	d location of MSDS

What to do in an emergency
☐ Exit locations and evacuation routes
☐ Use of firefighting equipment (extinguisher, hoses)
☐ Specific procedures for medical, chemical, fire emergencies
☐ How and who to notify
Total safety program
☐ Function of safety committee and meetings
☐ Introduction of safety committee representatives
☐ Safety policy and rules (handout)
☐ Accident review board and its purpose
Personal work habits
☐ Proper lifting techniques
☐ Horseplay, good housekeeping, smoking policy and locations
☐ Safe work procedures
☐ Vehicle and equipment safety
Employee signature:
I have instructed this employee on the items checked and believe he/she understands the importance of safe job performance.
Supervisor signature: