Safety Orientation Checklist

Employee Name: _____Position: _____

Department:_____ Supervisor: _____

Employee is:

□ New employee

□ Rehire

□ Full time

□ Part time

□ Temporary

Orientation Agenda:

□ Purpose of orientation

□ Report accidents to supervisor immediately

□ Report unsafe conditions to supervisor immediately

First-aid

□ Obtaining treatment

□ Location of facilities

□ Location and names of first aid/CPR certified employees

Potential hazards on the job – what they are

□ How to avoid hazards

□ Required personal protective equipment

□ Care and use of personal protective equipment

□ Review of hazard communication program and 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: _____Date: ___/___/___

I have instructed this employee on the items checked and believe he/she understands the importance of safe job performance.

Supervisor signature: _____Date: ___/___/___