

# Safety Orientation Checklist

EMPLOYEE NAME: \_\_\_\_\_

*(Print)*

## INSTRUCTIONS:

Discuss each of the following items with the new employee. This orientation should be completed prior to the employee starting work. The employee and his/her manager should sign the form when completed and distribute copies.

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### Required for all new employees

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|---|---|
| <input type="checkbox"/> Provided a copy of the Safety Employee Handbook  | <input type="checkbox"/> PPE (Personal Protective Equipment) requirements by area including the proper use, care & maintenance of such equipment. |
| <input type="checkbox"/> A facility tour including a discussion of the types of processes performed, location of bulletin boards for postings, break rooms, restrooms, First Aid cabinets, fire-fighting equipment, evacuation routes & assembly areas. | <input type="checkbox"/> (HazCom) - Location of SDS sheets, summary of hazardous chemicals on site, and the employee's right to know.             |
| <input type="checkbox"/> The procedure for reporting an industrial injury, illness, near miss accident, or an unsafe condition  | <input type="checkbox"/> The procedure for reporting spills, and the importance of keeping containers covered.                                    |
| <input type="checkbox"/> The company's Drug & Alcohol Policy  | <input type="checkbox"/> Lockout/Tagout (awareness)   |
| <input type="checkbox"/> The employee's right to access their exposure & medical records  | <input type="checkbox"/> Fire Protection (awareness)  |
| <input type="checkbox"/> The facility Emergency Action Plan   | <input type="checkbox"/> The importance and expectations for good housekeeping.   |
| <input type="checkbox"/> Waste Management Procedures  | <input type="checkbox"/> The disciplinary procedure for Safety Violations.  |
| <input type="checkbox"/> Safeland Orientation   |   |

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### As appropriate by job function & facility operation

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|---|--|
| <input type="checkbox"/> Safe operation of any tools/machinery that may be required                                     | <input type="checkbox"/> Safe Lifting & Back Injury Prevention       |
| <input type="checkbox"/> Training & certification requirements prior to driving a forklift or other motorized equipment | <input type="checkbox"/> Safe crane operation & sling inspection     |
| <input type="checkbox"/> Hearing Protection   | <input type="checkbox"/> How compressed gas cylinders must be stored |
| <input type="checkbox"/> Respiratory Protection Program   | <input type="checkbox"/> Bloodborne Pathogens                        |
| <input type="checkbox"/> Fit Testing  | <input type="checkbox"/> Excavation and Trenching                    |
| <input type="checkbox"/> Process Safety Management Program  | <input type="checkbox"/> H2S Hydrogen Sulfide                        |
| <input type="checkbox"/> Confined Space Program   | <input type="checkbox"/> Driving Safety                              |
| <input type="checkbox"/> Job Safety Analysis (JSA's)  | <input type="checkbox"/> Heat Stress                                 |
|   | <input type="checkbox"/> Cold Stress                                 |
|   | <input type="checkbox"/> Client Required Orientation                 |

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### Employee's Commitment

My signature below indicates the following:

- I have been instructed on all items checked above.
- I have been instructed on the safe way to perform my job.
- I understand my responsibility to work safely, to comply with company health & safety rules, to inspect equipment or vehicles prior to use, and to not operate any equipment I am unfamiliar with until properly trained to do so.
- My questions regarding safety were fully answered.

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date*

### Verification

My signature below indicates the employee has received instruction as shown on this Safety Orientation Checklist.

\_\_\_\_\_  
*Safety Coordinator Signature*

\_\_\_\_\_  
*Date*

### Distribution:

*File original in local employee records  
Provide a copy to the employee*