**New Employee Orientation Checklist – Safety**

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| **Employee Name:** |
| **Dept.:** | **Title:** | **Date Hired:** |

This checklist guideline for conducting employee safety orientation for employees new to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Once completed and signed by both Dept. Manager and employee, it serves as documentation that orientation has taken place.
Place a check in each box to indicate that the subject has been covered.

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|[ ]  1. Explain the company safety program, including:
* Orientation
	+ Where SDS are located/How to read SDS
	+ Pictograms/Container Labeling
	+ Lockout/Tagout
	+ Bloodborne Pathogens
* On the job training
* Safety meetings
* Function of the safety committee
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|[ ]  1. Personal protective equipment required (Hearing Protection, gloves, glasses)
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|[ ]  1. Line of communication and responsibility for immediately reporting accidents.
* When to report an injury
* How to report an injury
* Accident investigation and reporting
* Filing an accident report form
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|[ ]  1. General overview of operation, procedures, methods and hazards as they relate to specific jobs and duties.
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|[ ]  1. Pertinent company safety rules and state safety and health codes.
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|[ ]  1. First aid supplies, equipment and training.
* Obtaining treatment
* Location of facilities
* Location and names of first aiders
* Clean up supplies (BBP)
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|[ ]  1. Emergency plan.
* Exit locations and evacuation routes
* Use of firefighting equipment (extinguishers)
* Specific procedures (911, ambulances)
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|[ ]  1. Vehicle safety.
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|[ ]  1. Personal work habits
* Serious consequences of horseplay and fighting
* Inattention
* Smoking policy
* Good housekeeping practices
* Proper lifting techniques
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These signatures document that appropriate elements have been discussed to the satisfaction of both parties and both the Department Manager and employee accept responsibility for maintaining a safe and healthy work environment.

Date: Dept. Mgr’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Employee’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Please return this form to HR by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_