**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 |
|  | 1. Personal protective equipment required (Hearing Protection, gloves, glasses) |
|  | 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 |
|  | 1. General overview of operation, procedures, methods and hazards as they relate to specific jobs and duties. |
|  | 1. Pertinent company safety rules and state safety and health codes. |
|  | 1. First aid supplies, equipment and training.  * Obtaining treatment * Location of facilities * Location and names of first aiders * Clean up supplies (BBP) |
|  | 1. Emergency plan.  * Exit locations and evacuation routes * Use of firefighting equipment (extinguishers) * Specific procedures (911, ambulances) |
|  | 1. Vehicle safety. |
|  | 1. Personal work habits  * Serious consequences of horseplay and fighting * Inattention * Smoking policy * Good housekeeping practices * Proper lifting techniques |

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_