



This checklist is a guideline for conducting a safety orientation for workers new to a company or department. Once completed and signed by both the supervisor and the worker, it serves as documentation that a proper orientation has taken place.

Worker's Name _____

Supervisor's Name _____

Date Worker Started _____

Date of Orientation _____

Name of Person Giving the Orientation _____

Place a check in each box to indicate that the topic has been covered.

Explanation of the company safety program, including:

- Orientation
- On-the-job training
- Safety meetings
- Accident investigation and reporting
- Function of the safety committee (if there is one)
- Young Worker materials posted and/or distributed

Personal Protective Equipment

- Hard hats
- Safety glasses
- High visibility vests
- Rubber gloves
- Respiratory protective equipment
- Other protective equipment specific to job

Lines of Communication and Responsibility for Reporting Accidents:

- When to report an injury
- How to report an injury
- To whom an injury should be reported
- Filing an accident report form
- Reporting "near misses"

First Aid Supplies, Equipment and Training

- Obtaining first aid treatment
- Location of first aid stations
- Location and names of staff with first aid training

Review Hazards Specific to Job Duties

- Physical hazards (ladders, electricity, repetitive work, hot oil, etc.)
- Chemical hazards (cleaning chemicals, toxic substances, dust, paint, asbestos, etc.)
- Biological hazards (bacteria, viruses, fungi, mold, insects, etc.)
- Ergonomic hazards (work station design, lifting, repetitive movements, etc.)



Emergency Plan

- Exit locations and evacuation routes
- Use of fire fighting equipment (extinguisher, hose)
- Specific procedures (medical, chemical, fire, etc.)

Vehicle Safety Check Procedure

- Safety and speed regulations
- Operating license appropriate for vehicle

Personal Work Habits

- Safe work procedures
- Smoking policy
- Good housekeeping practices
- Proper lifting techniques

Other Health and Safety Items

Add any other health and safety items the worker needs to know about your workplace, such as security procedures for working alone. You may need to provide education and training for these at another time.

- _____
- _____
- _____
- _____

The signatures below are evidence that the topics contained in this checklist have been discussed to the satisfaction of the worker and supervisor. Signing indicates that both parties accept responsibility for maintaining a safe and healthy workplace.

Supervisor's Signature _____

Worker's Signature _____

Date _____