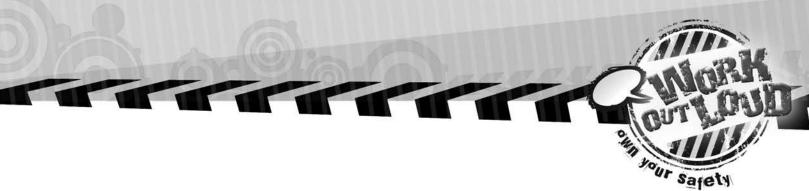


This checklist is a guideline for conducting a safety orientation for workers new to a company or department. Once completed and signed by both the supervisor and the worker, it serves as documentation that a proper orientation has taken place.

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 h	as been covered.
Explanation of the company safety program,	First Aid Supplies, Equipment and Training
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	 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.)
Lines of Communication and Responsibility for Repo	orting 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" 	





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En	nergency Plan
	Exit locations and evacuation routes Use of fire fighting equipment (extinguisher, hose) Specific procedures (medical, chemical, fire, etc.)
Ve	hicle Safety Check Procedure
	Safety and speed regulations Operating license appropriate for vehicle
Pe	rsonal Work Habits
	Safe work procedures Smoking policy Good housekeeping practices Proper lifting techniques
Ot	her Health and Safety Items
	d any other health and safety items the worker needs to know about your workplace, such as security ocedures for working alone. You may need to provide education and training for these at another time.
sat	e signatures below are evidence that the topics contained in this checklist have been discussed to the isfaction of the worker and supervisor. Signing indicates that both parties accept responsibility for sintaining a safe and healthy workplace.
Su	pervisor's Signature
Wc	orker's Signature
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