**SAFETY ORIENTATION CHECKLIST**

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| --- | --- | --- |
| Name*: Employee name* | Department: *(Department name)* | Job Title: *(Employee job title)* |
| Trainer: *(Trainer name)* | Start Date: *(Enter start date)*  | Finish Date: *(Enter finish date)* |
| New Hire [ ]  or Annual Refresher [ ]  |

*As part of the organizations safety program, all employees are required to complete a new hire orientation at the beginning of employment. The purpose of the Safety Orientation in to ensure that all employees have a clear understanding of all safety rules, policies, procedures and the expectations for all employees as related to health and safety in the workplace. Employees will also be required to complete an annual refresher of the company safety program. Failure to adhere to safety guidelines may result in disciplinary action up to and including termination. This orientation is not a substitute for any annual training requirments.*

1. **General**
* By accepting employment with *this organization****,*** employees agree to follow all safety guidelines set forth by the safety program.
* Identify Safety Contacts and Safety Committee Members
* Discuss Safety Committee
* Discuss housekeeping
* Discuss hazardous locations throughout the workplace (slippery floors, flammables, heavy traffic, etc.)
* Identify and discuss the various types of safety signage and placards throughout the workplace
* Identify and discuss locations that are for authorized persons only
* Tobacco Use and Smoking Policy (Identify designated locations)
* Drug and Alcohol Policy
* Discuss Drug Screening Policy (random, post-accident and reasonable suspicion)
* Discuss Disciplinary Action Policy and issue a copy
* Safety Incentive Program
1. **Written Safety Policies/Procedures**
* Issue a copy of the written safety policy
* Review company safety rules
* Discuss LOTO policy
* Discuss Hearing Conservation Policy
* Discuss PPE Policy
* Discuss Blood Borne Pathogen Policy
* Discuss Hazard Communication Policy
* Discuss Fall Protection Policy
* Discuss Confined Space Entry Policy
* Discuss Scaffolding Policy
* Discuss Trenching and Excavation
* Sign and date the signature block
1. **Emergency Response Procedures and Equipment**
* Issue written copy of Emergency Response Plan
* Discuss emergency procedures: fire, bomb threat, tornado, active shooter, etc.
* Issue copy of site map if available
* Identify emergency exit routes
* Discuss evacuation procedures and assembly areas
* Identify locations and operation of portable fire extinguishers
* Identify locations of eye wash stations and safety showers
* Demonstrate usage of eye wash stations and safety showers
* Discuss hazardous chemicals used and stored in the workplace
* Identify locations of SDS sheets and specifically review an SDS sheet and its sections
* Discuss CPR/FA efforts and identify responders
* Identify locations and contents of first aid kits and AEDs
* Discuss emergency code system
* Discuss CPR/FA training opportunities
* Discuss the use of communication systems (radio, cell phone, intercom, etc...)
* Discuss workplace contact and emergency phone numbers
1. **Incident Reporting and Communications**
* Immediately report all accidents and near misses to your Supervisor regardless of severity. Failure to do so could result in disciplinary action.
* Explain lost time, recordable, non-recordable accidents and near misses
* Explain the OSHA 300 form and posting requirements
* Discuss the company’s accident investigation program
* Discuss the near miss report and its purpose
* Discuss the modified duty program
* Discuss employee responsibilities for identifying and immediately reporting any unsafe condition
1. **Personal Protective Equipment**
* Discuss the PPE Job Hazard Assessment, its purpose and review JHA form with employee
* Discuss PPE requirements for the employee based on department or job title
* Discuss PPE provided by the company
* Discuss other PPE programs such as steel toe shoes and prescription eye wear
* Identify and discuss areas with noise exposures and discuss requirements for hearing protection
* Identify any jobs or areas that require respiratory protection and discuss the guidelines if applicable for the employee
* Discuss chemical PPE for emergencies and chemical handling
* Discuss personal fall arrest equipment and illustrate proper usage and inspections
* Issue company provided PPE
* Discuss dress code/ uniform policy
1. **Vehicles and Equipment**
* Employees must receive documented task training before operating any piece of equipment.
* Seat belts must be worn at all times while operating company vehicles or equipment.
* Discuss daily visual inspections for vehicles and equipment and review forms
* All accidents and traffic violations must be reported immediately to your Supervisor. Never leave the scene of an accident unless injured and for medical treatment.
* Collect driver’s license and insurance information
* Perform motor vehicle review
* Discuss fall protection requirements for buckets trucks and aerial lifts

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ certify that on this \_\_\_\_\_day of \_\_\_\_\_ 20\_\_\_, I have completed the safety orientation process. I understand that my failure to comply with safety guidelines discussed during this process may result in disciplinary action, including termination of employment.

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Employee Name Trainer Name

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Signature Signature

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Date Date