Sample New Employee Safety Checklist

THE NEW EMPLOYEE AND THEIR SUPERVISOR MUST INITIAL THE FOLLOWING ITEMS

**Day 1 Employee Supervisor**

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| 1 | **Introduction to organization** – President/owner has described organizational safety through video, in-person greeting or written welcome letter. |  |  |
| 2 | **Safety climate** – I have read and someone has explained to me the organization’s safety policy. |  |  |
| 3 | **Personal accountability** – I understand how my actions can impact safety goals. |  |  |
| 4 | **Tour facility** – I have learned where the equipment and materials are stored, and the location of bathrooms and the organization’s offices. |  |  |
| 5 | **Human Resources programs/policies** – I reviewed claims management processes, filing a work-related claim, accident investigations and designated medical providers. |  |  |
| 6 | **Safety program** – I understand the roles and responsibilities of the organization’s safety coordinator/committee. |  |  |
| 7 | **Safety program** – I have read and someone has explained to me the safety rules for the organization and any rules specific to my job position. |  |  |
| 8 | **Drug and alcohol policy** – I understand the organization’s policy on drugs and alcohol. |  |  |
| 9 | **Organization-specific safety training** – List company-specific new-employee training below. Even if the employee is experienced, be sure that the training is adequate and that the employee is competent in the task. Contact your Pinnacol Assurance safety consultant for complimentary and low-cost training courses. |  |  |

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| 10 | **Equipment-specific safety rules** |  |  |
| 11 | **Emergency action planning/ emergency evacuation** |  |  |
| 12 | **Hazardous communication** |  |  |
| 13 | **Ergonomics and lifting** |  |  |
| 14 | **Other hazard-specific topics unique to the organization** |  |  |

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| 20 | **Safety program enforcement** – The organization disciplinary policies have been explained  to me. |  |  |
| 21 | **Emergency response** – I have reviewed the plan for the office, terminal, shop, and any additional facilities or customer locations. |  |  |
| 22 | **Emergency response** – I have received and understand the procedures for road emergencies  and fire, and I understand the organization’s fire prevention plan. |  |  |
| 23 | **Injury reporting** – I have read and signed the New-Employee Designated Provider Notification  Letter and understand I must report all injuries to my supervisor immediately. |  |  |
| 24 | **First aid** – I know where the first aid station and kits are located. |  |  |

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| 25 | **Hazard communication** – I understand the purpose of hazard communication and know the location of the safety data sheets (SDSs). |  |  |
| 26 | **Personal protective equipment (PPE)** – I have been issued and trained on the proper use of the following equipment: |  |  |

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| 31 | **Safety toe shoes** |  |  |
| 32 | **Gloves** |  |  |

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| 28 | **Safety glasses** |  |  |
| 29 | **Reflective outerwear or high-visibility vest (if applicable)** |  |  |
| 30 | **Hearing protection  (if applicable)** |  |  |

EMPLOYEE’S SIGNATURE EMPLOYEE’S PRINTED NAME DATE

SUPERVISOR’S SIGNATURE SUPERVISOR’S PRINTED NAME DATE