| Organization Name**>> New Employee Safety Orientation Checklist**  |
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| **Employee name:** |  | **Date of hire:**  |  |
| **Supervisor name:** |  |  |  |

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| **SAFETY CHECKLIST ITEMS/RULES**The new employee and his/her supervisor must initial the following items. | **Employee** | **Supervisor** |
| **1.** | I have read and someone has explained to me the organization’s safety policy, and I understand how my actions can impact its safety goals. |  |  |
| **2.** | I understand the roles and responsibilities of the company’s safety coordinator/committee. |  |  |
| **3.** | I have read and someone has explained to me the safety rules for the organization and any rules specific to my job position. |  |  |
| **4.** | The company disciplinary policies have been explained to me. |  |  |
| **5.** | I have read and signed the New-Employee Designated Provider Notification Letter and understand I must report all injuries to my supervisor immediately. |  |  |
| **6.** | I understand that if I am injured, I must actively participate in the accident investigation in order to prevent future incidents. |  |  |
| **7.** | I have received and understand the procedures in case of emergency, including the action plan, evacuation routes and designated meeting location for employees. |  |  |
| **8.** | I understand the purpose of hazard communication and know the location of the safety data sheets (SDSs) file. |  |  |
| **9.** | I understand that I will have specific training regarding any tasks that I am expected to perform. |  |  |
| **10.** | I understand that I am **not** authorized to use any tools or equipment until I have received formal on-the-job training, testing and approval. |  |  |
| **11.** | I know where the first aid station and kits are located. |  |  |
| **12.** | I have been shown the job site facilities (if applicable). |  |  |
| **13.** | I have been issued and trained on the proper use of the following equipment: Hard hat Safety glassesFall protection harnessHearing protectionRespiratorGloves | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **14.** | Other: |  |  |

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| **Employee signature:** |  | **Date:**  |  |
| **Supervisor signature:** |  | **Date:**  |  |