

This checklist is designed to assist supervisors with new employee safety orientation. Please review the items listed with the new employee and have them initial next to the number or write in N/A if the number does not apply to the employee's position.

Employee Job Title:  Work Area:

## To Be Completed on First Day of Employment

Initial

- ☐ 1. General employee safety responsibilities reviewed.
- ☐ 2. Building emergency procedures for fire, severe weather, medical emergencies, chemical spill reporting, etc. reviewed.
- ☐ 3. Emergency equipment and location - such as emergency exits, fire extinguishers, emergency showers and eye washes, first aid kits, and automatic external defibrillators (AED's) - have been identified.
- ☐ 4. Report all work-related injuries/illnesses and motor vehicle accidents to supervisor as soon as possible, by shift end at the latest.
- ☐ 5. Report unsafe conditions, near misses, and suspicious activities to supervisor.
- ☐ 6. Personal Protective Equipment (PPE) and clothing requirements and how to obtain PPE reviewed.
- ☐ 7. Safety Data Sheets that apply to employee's position and where to locate them.
- ☐ 8. Location and times of regularly scheduled safety training meetings and/or toolbox talks.

## To Be Completed Prior to Employee Exposure to Hazard (Typically Within the First Week)

Initial

- ☐ 9. Hot Work Permit and fire prevention procedures have been reviewed.
- ☐ 10. Required to wear a respirator? If yes, employee has been given a medical questionnaire to complete and understands that medical clearance and training must be completed before use. Schedule training:
- ☐ 11. Only trained and authorized workers are allowed to use power tools and equipment. Ensure tools, equipment, and cords are in good condition prior to use.
- ☐ 12. Only trained and authorized employees are allowed to operate forklifts, skid steers, aerial work platforms, tractors, riding lawn mowers, service vehicles, ATVs, and other powered equipment. Schedule training:
- ☐ 13. If the employee's job class is identified in the Bloodborne Pathogens (BBP) Exposure Control Program, training has been scheduled, and the Hepatitis B Vaccination Acceptance/Declination Form has been completed. Schedule training:
- ☐ 14. Confined spaces: Only trained and authorized employees may enter or perform standby (attendant) duties. Confined Space Entry Permit required before entry, unless specifically exempted. Schedule training:
- ☐ 15. Lockout/Tagout (LOTO): Only trained and authorized employees are allowed to perform. Supervisor issues employee dedicated, uniquely keyed locks for LOTO. Replace all guards and barriers. Schedule training:
- ☐ 16. Foreman/Supervisor to discuss recognized workplace hazards and safe work procedures unique to the employee's position. (e.g., GFCI use, ladders & fall protection). Briefly summarize. If necessary, use back of sheet.

Supervisor Name:  Supervisor Signature:  Date:

Employee Name:  Employee Signature:  Date:

Return completed form to  within the first week of employment.

**IMPORTANT NOTICE** - The information and suggestions presented by HSSE WORLD in this Technical Bulletin are for your consideration in your loss prevention efforts. They are not intended to be complete or definitive in identifying all hazards associated with your business, preventing workplace accidents, or complying with any safety related, or other, laws or regulations. You are encouraged to alter them to fit the specific hazards of your business and to have your legal counsel review all of your plans and company policies.