

Company Name:	Date of Orientation:
Employee Name:	Department:
Job Class/Title:	New Employee: □Yes □No Date of Hire:

Instructions: It is required that your appointed Safety Coordinator or Supervisor thoroughly instruct each employee in the safety requirements of his/her job. New employees will be given this instruction prior to beginning their first shift. Transferred employees will be given instruction upon entrance to the new work area. All employees will receive periodic retraining. This checklist will be placed in the employee's personnel file. Items 1-16 are required of all employees; task specific items are specific to only certain jobs.

GENERAL REQUIREMENTS		Employee	Date
Review of written safety program			
Location of written safety program			
Received, read, understand and signed copy of general safety rules			
OSHA Brochure and/or Video "Workplace Safety: Your Rights & Responsibilities"			
Procedures for reporting Injuries/Illnesses			
Where to obtain First Aid/Medical Care			
Emergency Action Plan: Fire, tornado, severe storm, earthquake, power outage, etc			
Fire prevention/Protection Plan			
Location and use of Fire Extinguishers (training)			
Employee Rights of Access to Medical and Exposure Records			
Hazard Communication (Understanding MSDS's) training			
Sign & Tag Awareness (Facilities Markings)			
Lockout/Tag Out Training			
Housekeeping Requirements			
Eye Wash Station Locations and Use			
Respiratory Protection			
Ladder and Step Stool Use and Maintenance			
Flammables/Combustibles Safety			
Compressed Gas Safety			
Bloodborne Pathogens Safety			
Workplace Violence Safety			
Sexual Harassment			
Office Safety			
JOB TASK SPECIFIC TRAINING: List Topics Below			

PERSONAL PROTECTIVE EQUIPMENT HAZARD ASSESSMENT	Trainer	Employee	Date
Eye and Face Protection			
Foot Protection			
Hand & Arm Protection			
Head Protection			
Other PPE:			
DRUG & ALCOHOL TESTING PROGRAM		Employee	Date
Random			
Reasonable Suspicion			
Post-Accident			

I have received the Required Safety Instructions in the areas marked above. I understand that in order to perform my job safely, I must follow all Safety Policies & Procedures, wear the personal protective equipment which is required of me and report immediately any accidents/injuries or unsafe conditions to my supervisor.

Employee Signature:	Date:	
Safaty Coordinator/Suparvisor	Data	
Safety Coordinator/Supervisor:	Date:	