

Employee Safety Orientation

Instructions: Each employee must be given a safety orientation before beginning work. This checklist documents that each required item was explained to the employee. The supervisor is to place a check in each box after the item has been explained. **Employees are not to sign this form unless all items have been explained and all questions have been answered satisfactorily.**

The employee _____ has been:

- Told about parts of the written safety program that describe the employer's safety efforts.
- Given a copy of the employee safety manual and general safety rules and has read it.
- Told who his/her elected safety committee representative is.
- Told when required safety meetings are scheduled.
- Told to report all injuries and shown how to do this.
- Told to report all hazards to her/his supervisor and shown how to do this.
- Shown where the first aid supplies are located and who to call for first aid.
- Shown where the exits are located and the route from the assigned workstation.
- Told what to do during any emergencies that could be expected to occur.
- Shown how to operate a fire extinguisher.
- Trained on chemical hazards according to the Chemical Hazard Communication Program training requirements and :
- Shown where to find the Material Safety Data Sheet (MSDS) file and program document.
- Taught how to read labels and use the MSDSs
- Told generally what kinds of chemicals we use and their hazards.
- Informed about the hazards and precautions related to chemicals he/she will be using.
- Trained on safe methods to perform the job/task the employee was assigned including any hazards associated with that job/task.

Initial job/task assignment: _____

- Given any personal protective equipment (PPE) required and trained on how to use and care for it. PPE required for this job:

- Provided any formal training required to do his/her job such as proper lifting, forklift operation etc. Initial formal training given:

The signatures below document that the above orientation was completed on the date below. Both parties accept responsibility for keeping our workplace safe and healthful.

Employee: _____ Date: _____

Supervisor: _____ Date: _____