



New Hire Safety Orientation Checklist

Employee Name & Employee Number	Department & Division		
	<u>Y</u>	<u>N</u>	<u>N/A</u>
<u>Introduction</u>			
Introduction to safety committee representative	—	—	—
Shown Location of Risk Management Plan	—	—	—
Review of Risk Management Plan	—	—	—
Review of Emergency Action Plan	—	—	—
First Aid locations	—	—	—
Automated External Defibrillator locations	—	—	—
Fire Extinguisher locations	—	—	—
Complete Security Awareness Training (Day 2 after NEO)	—	—	—
<u>Safety Policies reviewed*</u>			
Hearing Protection	—	—	—
Confined Spaces	—	—	—
Elevated Surfaces and Fall Protection	—	—	—
Hazardous Energy (a/k/a Lockout/tagout)	—	—	—
Bloodborne Pathogen	—	—	—
Hazardous Materials	—	—	—
Personal Protective Equipment (PPE)	—	—	—
Fall Protection	—	—	—
Work Zone/Traffic Control	—	—	—
Fire Prevention-Fire Extinguishers	—	—	—
Welding and Cutting	—	—	—
Chain Saw Safety	—	—	—
Driving Policy	—	—	—
<u>PPE Issued</u>			
Hard Hat	—	—	—
Safety Glasses	—	—	—
Protective Gloves	—	—	—
Hearing Protection	—	—	—
Safety Boots	—	—	—
Safety Vest	—	—	—
Gas Monitor	—	—	—
<u>Defensive Driving</u>			
Will the employee be expected to drive 2x or more per week?	—	—	—
If yes, has the employee signed up for the City's Defensive Driving class in Employee Self Service (ESS)?	—	—	—

I, _____, have reviewed and/or completed each of the above marked items. I have discussed area with my supervisor, and I have been given the opportunity to ask questions.

Signature _____
Date

*Please add department specific safety policies to this list.