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New Hire Safety Orientation Checklist

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Employee Name Department/Division

**Introduction**  Y N/A

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 \_\_ \_\_

**Safety Policies reviewed**

Hearing Protection \_\_ \_\_

Confined Spaces \_\_ \_\_

Elevated Surfaces and Fall Protection \_\_ \_\_

Hazardous Energy (a/k/a Lockout/tagout) \_\_ \_\_

Bloodborne Pathogen \_\_ \_\_

Hazardous Materials \_\_ \_\_

Personnel Protective Equipment \_\_ \_\_

Fall Protection \_\_ \_\_

Work Zone/Traffic Control \_\_ \_\_

Fire Prevention-Fire Extinguishers \_\_ \_\_

Welding and Cutting \_\_ \_\_

Chain Saw Safety \_\_ \_\_

Driving Policy

**PPE (Personal Protective Equipment)**

Hard Hat \_\_ \_\_

Safety Glasses \_\_ \_\_

Protective Gloves \_\_ \_\_

Hearing Protection \_\_ \_\_

Safety Boots \_\_ \_\_

Safety Vest \_\_ \_\_

Gas Monitor \_\_ \_\_

I ,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have reviewed each of the above marked items. I have discussed area with my supervisor and I have been given the opportunity to ask questions.

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Employee Signature Date