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: __________