

SAFETY ORIENTATION CHECKLIST

Employee's Name: _____

Job Title: _____ Date Hired: _____

(Circle each item number as it is completed.)

1. Safety Rules and Regulations
2. How to Safely Operate and Use Equipment
3. Appropriate footwear required for work and walking conditions
4. Proper Lifting Techniques (when to get assistance)
5. Reporting of Unsafe Conditions and Practices
6. Reporting Injuries, Accidents and Incidents
7. Location of First Aid Kit(s) and Certified Personnel
8. Emergency Procedures, including Routes of Exiting
9. Housekeeping
10. Fire Protection
11. Location and Review of Material Safety Data Sheets (MSDS)
12. Personal Protective Equipment (safety glasses, gloves, etc.)
13. Potential Hazards on the Jobsite

I have received instructions on the items circled and believe I understand them.

Employee _____ Date _____

I have instructed this new employee in the above items and believe he/she can be reasonably expected to perform his/her duties with a maximum degree of safety.

Supervisor _____ Date _____