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.

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| **The employee (Insert Employee Name Here) 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 their 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 their 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 their 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 based on Chemical Hazard Communication Program training requirements |
|  | 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 they will be using. |
|  | Trained on safe methods to perform the job / task the employee was assigned including any hazards associated with that job. |

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| **Initial job/task assignment: (Insert Job/Task Assignment Here)** | |
|  | Given any personal protective equipment (PPE) required and trained on how to use and care for it. PPE required for this job: |
|  | * (Insert Required PPE Here) |
|  | Provided any formal training required to do their job such as proper lifting, forklift operation, etc. Initial formal training given: |
|  | * (Insert Formal Training Here) |

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

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| **Signature of Employee:** |  | **Date:** |  |
| **Signature of Manager:** |  | **Date:** |  |