

General Industry New Employee Orientation Forms

The attached checklist and attachments provide a model for employers to use in conducting effective and consistent new employee orientation. These templates can be easily modified to meet your company's specific needs.

- The New Employee Orientation Checklist includes basic orientation items to be covered with all new employees. The enclosed attachments correspond to items #17 and #18 on the checklist.
 - The Regulatory Training attachment is a sample form you can use to make sure all required topics are covered. You will need to determine the required OSHA regulatory training required for your workplace, and modify this attachment accordingly.
 - The Job-Specific Training attachment is designed so that you can break down the job-specific tasks and procedures that apply to the new employee's position, including high-risk tasks. This job-specific training can be provided by the new employee's immediate supervisor.
- These forms are not comprehensive; there may be additional items and OSHA standards that apply to your workplace. Be sure to review the OSHA standards for your workplace, which you can find at the OSHA web site at <http://www.osha.gov>. If you're not sure where to start, click on **Quick Start** under **Compliance Assistance** in the right-hand sidebar. The Quick Start guide will help you identify major OSHA requirements that apply to your workplace, as well as additional compliance resources.
- For further assistance, please contact your local Liberty Northwest loss prevention consultant, or call our Loss Prevention Consulting Center toll-free at 866-761-2141.

New Employee Orientation Checklist

Employee Name: _____
 Position: _____ Hire Date: _____
 Department: _____ Supervisor: _____
 Date(s) of Orientation: _____

Orientation	Supervisors Initials
<input type="checkbox"/> 1. Introduction to supervisor	_____
<input type="checkbox"/> 2. Facility and operations familiarization	_____
<input type="checkbox"/> 3. Review of safety program	_____
<input type="checkbox"/> 4. Review of safety regulations	_____
<input type="checkbox"/> 5. Review of performance appraisal policy	_____
<input type="checkbox"/> 6. Review of general safety rules	_____
<input type="checkbox"/> 7. Review of probationary policy	_____
<input type="checkbox"/> 8. Review of disciplinary policy	_____
<input type="checkbox"/> 9. Review of first aid and emergency medical procedures	_____
<input type="checkbox"/> 10. Review of emergency response notification	_____
<input type="checkbox"/> 11. Review of fire fighting and evacuation procedures	_____
<input type="checkbox"/> 12. Review of accident reporting policy	_____
<input type="checkbox"/> 13. Review of safe operating procedures	_____
<input type="checkbox"/> 14. Review of specific equipment to be used	_____
<input type="checkbox"/> 15. Review of specific operations	_____
<input type="checkbox"/> 16. Review of safe lifting techniques	_____
<input type="checkbox"/> 17. Required regulatory training conducted (see attachment)	_____
<input type="checkbox"/> 18. Job-specific training provided, including high risk task descriptions (see attachment)	_____
<input type="checkbox"/> 19. Other: _____	_____

 Immediate Supervisor Date

Safety Pledge: By my signature, I am declaring that I have completed the above orientation process with my supervisor and that I understand my responsibilities toward the safety and health of myself and my coworkers. I have received copies of _____ policies for my future reference.
 I am agreeing to comply with all safety and health requirements and understand their importance to the company.

 Employee Signature Date

- Employee Copy
- Company Copy

Orientation Attachment: Regulatory Training

Employee Name: _____

Position: _____ Hire Date: _____

Department: _____ Supervisor: _____

Date(s) of Orientation: _____

Training Topics Covered

Supervisors Initials

- | | |
|----------------------------------------------------------------------------------------|-------|
| <input type="checkbox"/> 1. Hazard communication program and procedures | _____ |
| <input type="checkbox"/> 2. Emergency action plan program and procedures | _____ |
| <input type="checkbox"/> 3. Machine guarding policy and procedures | _____ |
| <input type="checkbox"/> 4. Lockout/tagout policy and procedures | _____ |
| <input type="checkbox"/> 5. Electrical hazards and safety procedures | _____ |
| <input type="checkbox"/> 6. Personal protective equipment (PPE) policy and procedures | _____ |
| <input type="checkbox"/> 7. Respiratory protection program and procedures | _____ |
| <input type="checkbox"/> 8. Confined space program and procedures | _____ |
| <input type="checkbox"/> 9. Bloodborne pathogens program and procedures | _____ |
| <input type="checkbox"/> 10. Powered industrial truck (forklift) safety and procedures | _____ |
| <input type="checkbox"/> 11. Ladder safety policy and procedures | _____ |
| <input type="checkbox"/> 12. Motor vehicle safety policy and procedures | _____ |
| <input type="checkbox"/> 13. Other: _____ | _____ |

Immediate Supervisor

Date

Employee Signature

Date

Employee Copy

Company Copy

Orientation Attachment: Job-Specific Training

Employee Name: _____

Position: _____

Hire Date: _____

Department: _____

Supervisor: _____

Date(s) of Orientation: _____

Training Topics Covered

**Supervisors
Initials**

- | | |
|--------------------------------------------------------------------|-------|
| <input type="checkbox"/> 1. Review of job description | _____ |
| <input type="checkbox"/> 2. | _____ |
| <input type="checkbox"/> 3. | _____ |
| <input type="checkbox"/> 4. | _____ |
| <input type="checkbox"/> 5. | _____ |
| <input type="checkbox"/> 6. | _____ |
| <input type="checkbox"/> 7. | _____ |
| <input type="checkbox"/> 8. | _____ |
| <input type="checkbox"/> 9. | _____ |
| <input type="checkbox"/> 10. | _____ |
| <input type="checkbox"/> 11. | _____ |
| <input type="checkbox"/> 12. | _____ |
| <input type="checkbox"/> 13. | _____ |
| <input type="checkbox"/> 14. | _____ |
| <input type="checkbox"/> 15. | _____ |
| <input type="checkbox"/> 16. | _____ |
| <input type="checkbox"/> 17. | _____ |
| <input type="checkbox"/> 18. | _____ |
| <input type="checkbox"/> 19. | _____ |
| <input type="checkbox"/> 20. Review of high risk task descriptions | _____ |

Immediate Supervisor

Date

Employee Signature

Date

Employee Copy

Company Copy