New Employee Safety Orientation Checklist

Statement

All new full-time and part-time employees should receive a thorough orientation for their new position and job responsibilities. This is especially true for employees who will be expected to drive vehicles, work with children, operate dangerous equipment or are involved in inherently high-risk recreational activities. A proper and thorough orientation of new employees immediately after hire will reduce patron and work-related injuries.

The complete orientation of a new employee (or transferred employee) often will be the responsibility of more than just a single person. For example, information on general agency and personnel policies, compensation, benefits and the like, may be provided by the Personnel or Business Manager, Director, etc. Discussion of the safety program, safety committee, accident reporting, statements of admission, etc. should be provided by the Safety Coordinator or Department Head. Lastly, specific job safety training such as work site emergency response plans, vehicle road checks, the location of first aid kits, etc. should be the responsibility of the new employee's direct Supervisor. Of course, depending on the size of your agency, all of these orientation tasks may be completed by a single supervisor.

A new employee orientation process may not necessarily be a one-day task. Although job training never really ends, the new employee should be monitored and receive close assistance on safety issues for the first few days of employment.

Loss Control Program Component

The following document is a sample *New Employee Orientation* checklist and is designed to help ensure that every employee receives both general and job specific safety information.

New Employee Safety Orientation Checklist

Employee_____ Date Hired _____

Social Security No. _____ Department _____

Position _____ Physical Examination Y or N

Instructions: This form should be customized to include job and site specific safety issues. Please initial and date each section as the new employee completes it. If non-applicable, use "NA".

		Person Responsible	Initial & Date
I.	**General**		
1.	Personnel Forms Completed	_____	_____
2.	Personnel Policies	_____	_____
3.	Compensation and Benefits	_____	_____
4.	Accident Reporting Procedures	_____	_____
5.	Job Description	_____	_____
6.	Smoking Areas	_____	_____
7.	Interaction with the Public	_____	_____
8.	Other_____	_____	_____
II.	**Safety Program Elements**		
1.	Safety Manual and Policy	_____	_____
2.	Departmental Manual/Safety Rules	_____	_____
3.	Personnel Policies	_____	_____
4.	Sexual Harassment Policy	_____	_____
5.	Child Abuse Reporting Act	_____	_____

6. Statements of Admission* _____ _____

7. Hazard Recognition _____ _____

8. Accident Reporting/Investigation _____ _____

9. Personal Protective Equipment Use _____ _____

10. Bloodborne Pathogens Protection _____ _____

11. Emergency Response Plans _____ _____

12. Right-to-Know Training _____ _____

13. Driver Standards and Responsibilities _____ _____

14. Security Issues _____ _____

*Defined as a response to public requests concerning agency liability or payment of bills following any injury, vehicle accident, or other loss.

		Person Responsible	**Initial & Date**
III.	**Site Specific Instruction**		
1.	Vehicle Orientation & Road Checks	_____	_____
	Vehicle_____	_____	_____
	Vehicle_____	_____	_____
	Vehicle_____	_____	_____

2. List Personal Protective Equipment Used:

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

3. Location of First Aid Kit _____ _____

4. Location of Fire Extinguishers, etc. _____ _____

5. Location of Material Safety Data Sheets _____ _____

6. List Specific Machinery, Equipment and/or Tools Used:

	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Hazardous Job Instruction
(Examples include working at heights of over 4 feet, entering confined spaces, exposure to chemicals, supervising children near water, repetitive lifting, working on ice, etc.)

	Person Responsible	**Initial & Date**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I have completed an orientation and training for the above areas and I feel I can perform my duties in a safe manner.

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Dept Head Signature _____ Date _____

Safety Coordinator Signature _____ Date _____

Group Safety Orientation Form

Agency Name: _____

Group Name: _____ Date: _____

Topic: _____

Orientation Supervisor: _____

Speakers: _____

_____

_____

IMPORTANT: Attach a copy of the agenda and all other topics covered for your records.

NAMES:

1.	_____	15.	_____
2.	_____	16.	_____
3.	_____	17.	_____
4.	_____	18.	_____
5.	_____	19.	_____
6.	_____	20.	_____
7.	_____	21.	_____
8.	_____	22.	_____
9.	_____	23.	_____
10.	_____	24.	_____
11.	_____	25.	_____
12.	_____	26.	_____

13. _____ 27. _____

14. _____ 28. _____