**SAFETY ORIENTATION CHECKLIST**

This is a sample document and should be used as a guide to create a checklist for your entity based on employee exposure. Since this may become a document included in the personnel file for the employee, it’s recommended to have the form and process reviewed by legal counsel.

It is the supervisor’s responsibility to instruct each new employee in general safety, as well as the safety requirements of the employee’s specific job tasks. This checklist is designed for that purpose and should be completed before the employee engages in any assigned work. Part 1 covers general safety and risk management topics and Part 2 covers specific job tasks that requires safety training per Occupational Safety and Health Administration standards. The completed and signed form should be placed in the employee’s personnel file with copies kept by the supervisor and the safety coordinator.

Employee’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Hired: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART 1**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Item** | **Frequency** | **Date Completed** | **Employee Initials** |
|  | Tour of work area | Initial |  |  |
|  | **Safety Orientation - explanation of safety program, safety policy and safety rules** | Initial |  |  |
|  | General Safety Training  |  |  |  |
|  | **Emergency Action Plan - Emergency procedures** | Initial/periodic/change in plan |  |  |
|  | Fire safety program | Initial |  |  |
|  | **Proper lifting techniques and ergonomics**  | Initial |  |  |
|  | Driver safety/Vehicle Operations Policy | Initial |  |  |
|  | Housekeeping and storage of materials | Initial |  |  |
|  | **Violence in the workplace** | Initial |  |  |
|  | Procedures |  |  |  |
|  | Accident reporting procedures | Initial/change in process |  |  |
|  | **Accident prevention** | Initial/periodic |  |  |
|  | **Access to employee exposure and medical records** | Initial/periodic |  |  |
|  | Risk Management  |  |  |  |
|  | Reporting unsafe conditions/safety suggestions | Initial |  |  |
|  | Cybersecurity training | Initial/annually |  |  |
|  | LocalGovU Courses - eLearning |  |  |  |
|  | Drug and Alcohol Awareness | Initial |  |  |
|  | Handling Difficult Customers for Local Government | Initial |  |  |
|  | Sexual Harassment In the Workplace | Initial |  |  |
|  | Workplace Bullying | Initial |  |  |
|  | Risks of Social Media in the Workplace | Initial |  |  |
|  | Computer Security Basics | Initial |  |  |
|  | Time Management Skills | Initial |  |  |
|  |  |  |  |  |
|  | Other |  |  |  |

**(bolded items are required by OSHA)**

The employee should be trained on the following safety topics only if the employee will have exposure or assigned a job task involving the referenced task, tool or equipment.

**PART 2**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **#** | **Item** | **Who Receives** | **Employee Exposure** | **Frequency** | **Date Completed** | **Employee Initials** |
|  | Aerial Lifts  | Employees who will use aerial lifts |  YES NO | Initial/periodic |  |  |
|  | Bloodborne Pathogens | Employees with occupational exposure, first aid responders, police |  YES NO | Initial/annual |  |  |
|  | Chainsaw safety | Employees using chainsaws |  YES NO | Initial |  |  |
|  | Compressed gas safety | Employees using compressed gas |  YES NO | Initial |  |  |
|  | Control of hazardous energy (Lock out/tag out) | Employees who may service or maintain equipment |  YES NO | Initial/periodic |  |  |
|  | Crane, derrick and hoist safety | Employees using/operating applicable equipment |  YES NO | Initial/regularly |  |  |
|  | Diving safety | Employees involved in underwater diving |  YES NO | Initial/periodic |  |  |
|  | Electrical safety | Employees working with electrical equipment  |  YES NO | Initial/periodic |  |  |
|  | Fall Protection | Employees with exposure to fall hazards |  YES NO | Initial/periodic/change in hazard |  |  |
|  | Hand and power tools | Employees using hand and power tools |  YES NO | Initial/periodic |  |  |
|  | Hazard communication | Employees exposed to hazardous chemicals, infectious agents, or pesticides |  YES NO | Initial/periodic/New hazard |  |  |
|  | Hazardous waste management | Employees working with chemicals and generating hazardous waste |  YES NO | Initial |  |  |
|  | Hearing protection | Employees working in high noise areas |  YES NO | Initial/annual |  |  |
|  | Heat related illness recognition | Employees who work routinely outdoors |  YES NO | Initial |  |  |
|  | Job hazard analysis | Employees exposed to workplace hazards |  YES NO | Initial/new hazard |  |  |
|  | Laboratory Safety | Lab employees, new exposures |  YES NO | Initial/every 2 yrs |  |  |
|  | Ladder safety | Employees using ladders |  YES NO | Initial/change in equipment |  |  |
|  | Medical First Aid | First aid providers |  YES NO | Every 2 yrs |  |  |
|  | Operation of power platform | Employees using powered platforms |  YES NO | Initial/periodic |  |  |
|  | Permit required confined space | 1.Authorized entrants/ attendants and 2. Rescue personnel |  YES NO | 1. Initial/periodic2. Initial/annual |  |  |
|  | Personal protective equipment | Employees required to use PPE |  YES NO | Initial/change in PPE |  |  |
|  | Portable fire extinguishers | Employees with extinguishers in their work area  |  YES NO | Initial |  |  |
|  | Powered Industrial Trucks (fork lifts)  | Employees operating forklifts |  YES NO | Initial/every 3 yrs |  |  |
|  | Process safety management of highly hazardous chemicals  | Employees with processes involving a flammable liquid or gas in excess of 10k lbs or a chemical at or above the threshold amount (app a) |  YES NO | Initial/every 3 yrs |  |  |
|  | Respiratory protection | Employees required to wear a respirator of any type |  YES NO | Initial/annually/ new hazard |  |  |
|  | Servicing of multi-piece and single-piece rim wheel | Maintenance garage employees |  YES NO | Initial/periodic |  |  |
|  | Silica | Employees exposed to silica dust during cutting, grinding, or other tasks |  YES NO | Initial/periodic/New hazard level |  |  |
|  | Storage and handling of LP gases | Employees who perform installation, removal, operation, or maintenance |  YES NO | Initial/periodic |  |  |
|  | Trenching and excavation | 1.All employees at risk2.Designated competent persons |  YES NO | 1.Initial/periodic2.Initial/Periodic |  |  |
|  | Welding | Employees who perform welding/cutting operations |  YES NO | Initial/periodic |  |  |
|  | Work Zone Safety | All employees |  YES NO | Initial/periodic |  |  |

**(all items required by OSHA)**

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_