Sample Employee Safety Orientation Checklist

Employee’s Name: __________________________________________     Hire Date: ________________

Position: _______________________________________________________________________________

Department/Location: ______________________________________________________________________

Person Completing Orientation: _____________________________________________________________

Title: __________________________________________________________________________________

1. **EMPLOYEE SAFETY RULES**
   - A. Provided copy of General Safety Rules
   - B. Provided copy of Progress Discipline Process
   - C. Provided copy of Area Safety Rules (if applicable)

2. **UNSAFE CONDITIONS**
   - A. Discussed examples of unsafe conditions
   - B. Discussed correction and/or reporting of unsafe conditions

3. **LIFTING TECHNIQUES**
   - A. Discussed common lifting/strain injury hazards
   - B. Discussed material-handling-equipment availability/use
   - C. Reviewed correct lifting techniques and guidelines

4. **ACCIDENTS AND INCIDENTS**
   - A. Reviewed accident-reporting requirements
   - B. Discussed incident and “near misses” reporting
   - C. Reviewed and discussed incident-reporting procedures

5. **MEDICAL AID**
   - A. Identified readily available first aid personnel
   - B. Reviewed location of emergency first aid materials
   - C. Discussed notifying supervisors of first aid injuries
   - D. Identified location of emergency eyewash station

6. **EMERGENCY PROCEDURES**
   - A. Identified location and use of emergency telephone numbers
   - B. Reviewed procedures for fire/medical emergencies
   - C. Discussed procedures for extreme weather and other emergencies

7. **PERSONAL PROTECTIVE EQUIPMENT REQUIREMENTS (IF APPLICABLE)**
   - A. Footwear
   - B. Eye protection
   - C. Gloves
   - D. Other

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8. DEPARTMENT AND AREA HOUSEKEEPING
   _____A. Discussed common problems/corrective measures
   _____B. Discussed materials storage areas and practices

9. FIRE PROTECTION AND PREVENTION
   _____A. Identified and discussed “No Smoking” areas
   _____B. Discussed location and use of fire extinguishers and fire alarms

10. HAZARD COMMUNICATION/RIGHT-TO-KNOW COMPLIANCE
   _____A. Discussed requirements of the law
   _____B. Discussed container labeling and MSDS information
   _____C. Identified hazardous materials used in the work area
   _____D. Conducted hazardous materials training
   _____E. Issued personal protective equipment

11. DRIVER SAFETY ORIENTATION (IF APPLICABLE)
   _____A. Completed personal driving record (MVR) check
   _____B. Provided/reviewed driver safety rules
   _____C. Conducted driver’s vehicle orientation
   _____D. Reviewed vehicle inspection procedures
   _____E. Provided driver with accident information package

12. SUBSTANCE ABUSE
   _____A. Discussed the company’s Drug & Alcohol Policy
   _____B. Provided a copy of the above policy
   _____C. Provided a copy of the Progress Discipline Process

13. OTHER SAFETY CONCERNS/INSTRUCTIONS
   _____A. 
   _____B. 
   _____C. 
   _____D. 
   _____E. 
   _____F. 
   _____G. 
   _____H. 
   _____I. 
   _____J. 

Signed By Employee

Date

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