

# EMPLOYEE SAFETY ORIENTATION CHECKLIST



## Instructions

Each worker should receive a safety orientation before beginning work. Please check each item that was covered at the orientation.

The employee (name) \_\_\_\_\_ has been:

	Informed about the elements of the company's written Illness and Injury Prevention Program.
	Informed about regular safety trainings.
	Told to immediately report all hazards to his/her supervisor and shown how to do it.
	Told to immediately report all injuries to his/her supervisor and shown how to do it.
	Informed about the following machinery hazards: (forklift, tractors, etc.).
	If under 16 years of age, instructed about prohibited duties. (Under California law, no worker under 16 may: handle or apply pesticides; drive, ride or assist in operating a tractor or forklift; drive a vehicle transporting passengers; use powered equipment; work on a ladder over 20 feet; or work inside a silo.)
	Informed of and trained on chemical hazards according to the Cal/OSHA Hazard Communication standard's training requirements, including what an SDS is, how to read a label, and what precautions to take.
	Trained on safe methods for performing the specific job the employee was assigned, including any hazards associated with that job, such as proper lifting, use of hand tools, spill clean-up, etc.
	Informed about all other potential hazards and how to protect themselves (heat, chemicals [including pesticides], ladders, machinery, etc.).
	Shown where the first aid supplies are located and whom to contact for first aid.
	Told what to do during any emergencies that might occur, such as heat illness, accidents, etc.
	Informed about the location of drinking water, toilets and hand washing facilities.

Continued

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	Other (specify):
	Other (specify):
	Other (specify):
	Other (specify):

Notes/Follow-up needed: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Orientation conducted by: \_\_\_\_\_ Date: \_\_\_\_\_

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_