



## EMPLOYEE ORIENTATION CHECKLIST

Employee Name \_\_\_\_\_ Job Title \_\_\_\_\_  
 (Written)

Employee Name \_\_\_\_\_ Date: \_\_\_\_\_  
 (Signature)

	ITEM	YES	NO	DATE
1	Safety Orientation			
2	Site Safety Policy			
3	Company Policy			
4	Accident/Incident Reporting Policy			
5	Managed Care Program			
6	Employee Information Sheet or Application Form			
7	Substance Abuse Policy			
8	General Harassment Policy			
9	Sexual Harassment Policy			
10	Site Safety Meeting/Tool Box Talk Schedules			
11	Dress Code Policy			
12	OSHA/Federal Law Information Posters Location			
13	Hazard Communication (HAZCOM) (GHS)			
14	Workman's Compensation Information			
15	First Aid/CPR Trained (Provide Documentation)			
16	Competent Person Training (Provide Documentation)			
17	Lunch Time- 12:00PM to 12:30PM			
18	10 MPH Vehicle Speed Limit on Jobsite			
19	Company Vehicle Use Policy			
20	Employee Vehicle Parking			
21	Lock-out/Tag-out and NFPA 70E Training			
22	Journeyman or Master's License: _____			
23	Energized Electrical Hot Work Policy			
24	Right-to-Know Information Location(Safety Data Sheets)			

Dress Code: Long Pants/Short Sleeves Minimum, Dress for appropriate conditions.  
 Company Provided Personal Protective Equipment. (PPE)

Safety Meeting Schedules:

Superintendent:

Office/Location: