

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

EMPLOYEE SAFETY ORIENTATION CHECKLIST



| |
|------------------|
| Other (specify): |
| Other (specify): |
| Other (specify): |
| Other (specify): |

Notes/Follow-up needed: _____

Orientation conducted by: _____ Date: _____

Employee signature: _____ Date: _____

