

NEW EMPLOYEE SAFETY ORIENTATION CHECKLIST

PURPOSE STATEMENT

This form serves as a guideline for on-boarding specialists. It helps us ensure all new employee-owners receive and understand all necessary information during orientation. This checklist must be completed before an employee-owner starts work.

Item	Initial
01 I, employee-owner, have received the Safety Management Program.	01
02 I have reviewed the: <ul style="list-style-type: none"> • Safety Management Program • Employee General Safety and Health Requirements • Disciplinary Policy and Procedure 	02
03 I understand the OSHA 10-Hour Training requirements	03
04 I know: <ul style="list-style-type: none"> A How to report unsafe conditions. B What to do in the event of an injury on the job. C When and where safety toolbox meetings are held. D PPE Expectations <ul style="list-style-type: none"> • Hardhats, work boots, safety vests, and safety glasses/goggles are mandatory PPE. • Gloves and hearing protection are mandatory - task specific PPE. • PPE (hardhat, safety glasses, vests, gloves and hearing protection) is provided to the employee-owner. • Personal protective equipment is not negotiable. E Seat belt use is mandatory. F The Fire Evacuation/Emergency Plan. G Proper lifting techniques and importance of back fitness. H The OSHA Hazard Communication Policy and provided training. 	04 A B C D E F G H

I hereby acknowledge that information on the above subjects was furnished to me during my orientation and that I understand this information.

Employee-owner Name

Employee-owner Signature

Date (MM/DD/YYYY)

Human Resource Name

Human Resource Signature

Date (MM/DD/YYYY)