

Job Orientation Guide

Company: (Enter Company Name) Employee: (Enter Employee Name)
 Trainer: (Enter Name of Trainer) Hire Date: (Enter Employee's Hire Date)
 Date: (Enter Date of Orientation) Position: (Enter Employee's Job Title)

This checklist is a guideline for conducting employee safety orientations for employees new to (Customize by adding the name of your company). Once completed and signed by both supervisor and employee, it serves as documentation that orientation has taken place.

	Date	Initials
1. Explain the company safety program, including:		
Orientation	_____	_____
On-the-job training	_____	_____
Safety meetings	_____	_____
Accident investigation	_____	_____
Disciplinary action	_____	_____
2. Use and care of personal protective equipment (Hard hat, fall protection, eye protection, etc.)	_____	_____
3. Line of communication and responsibility for immediately reporting accidents.		
A. When to report an injury	_____	_____
B. How to report an injury	_____	_____
C. Who to report an injury to	_____	_____
D. Filling out accident report forms	_____	_____
4. General overview of operation, procedures, methods and hazards as they relate to the specific job	_____	_____
5. Pertinent safety rules of the company and WISHA	_____	_____
6. First aid supplies, equipment and training		
A. Obtaining treatment	_____	_____
B. Location of Facilities	_____	_____
C. Location and names of First-aid trained personnel	_____	_____
7. Emergency plan		
A. Exit location and evacuation routes	_____	_____
B. Use of fire fighting equipment (extinguishers, hose)	_____	_____
C. Specific procedures (medical, chemical, etc.)	_____	_____
8. Vehicle safety	_____	_____
9. Personal work habits		
A. Serious consequences of horseplay	_____	_____
B. Fighting	_____	_____
C. Inattention	_____	_____
D. Smoking policy	_____	_____
E. Good housekeeping practices	_____	_____
F. Proper lifting techniques	_____	_____

NOTE TO EMPLOYEES: Do not sign unless ALL items are covered and ALL questions are satisfactorily answered.

The signatures below document that the appropriate elements have been discussed to the satisfaction of both parties, and that both the supervisor and the employee accept responsibility for maintaining a safe and healthful work environment.

Date: _____ Supervisor's Signature: _____

Date: _____ Employee's Signature: _____