

## Employee Safety Orientation

**Employee Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Employee Signature** \_\_\_\_\_ **Jobsite** \_\_\_\_\_

Initial each box to indicate that the topic has been satisfactorily covered. The supervisor explaining each topic shall sign and date the appropriate line. When all topics have been covered, forward the form for inclusion into the employee's personnel file.

<b>*</b>	<b>Employee Initial</b>	<b>Supervisor Name/Date</b>	<b>Topic</b>
			Safety and Health Policy
			Management's Responsibilities
			Employee's Responsibilities
			Safety Committee Meetings
			Facility Self-Inspection
			Safety Bulletin Board
			First-Aid Requirements
			Safety & Health Education & Training
			Injury & Occupational Illness Reporting
			Claims Administration & Recordkeeping
			Accident investigation
			Job Hazard Assessment & PPE
			BBP—Exposure Control Plan—HIV & HBV
			Evacuation, Disaster, & Crisis Plan
			Hazard Communication Program
			Chemical Hygiene Program
			Respiratory Protection Program
			Hearing Conservation Program
			Asbestos Awareness (AHERA)
			Ladder Safety Program
			Fall Protection Work Plan
			Hazardous Energy—Lockout/Tagout Program
			Lifting, Back Care, & Injury Prevention
			Machine Guarding
			Hand & Portable Tool Safety
			Forklift Operator Program
			Air Contaminants (Lead)

\*Supervisor—Mark each topic that this employee needs prior to performing his/her job.