

## Employee Orientation Sign-Off Checklist

Employee \_\_\_\_\_ Date Hired \_\_\_\_\_

Employee ID \_\_\_\_\_ Department \_\_\_\_\_

Position \_\_\_\_\_ Physical Examination Y or N

*Instructions: This form should be customized to include job and site specific safety issues. Please initial and date each section as the new employee completes orientation items. If non-applicable, use "NA".*

### Safety Program Elements

Date	Item	Employee Initial
_____	<b>Safety Manual and Policy</b>	_____
_____	<b>Department Manual / Safety Rules</b>	_____
_____	<b>Personnel Policies</b>	_____
_____	<b>Sexual Harassment Policy</b>	_____
_____	<b>Child Abuse Reporting Act</b>	_____
_____	<b>Statement of Admission (<i>Responses to public</i>)</b>	_____
_____	<b>Hazard Recognition</b>	_____
_____	<b>Accident/Incident Reporting/Investigation</b>	_____
_____	<b>Personal Protection Equipment Use</b>	_____
_____	<b>Blood-borne Pathogens Protection</b>	_____
_____	<b>Emergency Response Plans</b>	_____
_____	<b>Hazard Communications Training</b>	_____
_____	<b>Driving Standards</b>	_____
_____	<b>Security Issues</b>	_____
_____		_____
_____		_____
_____		_____
_____		_____







