## **NEW EMPLOYEE SAFETY ORIENTATION CHECKLIST**

(Check off each item as you discuss it with the new employee prior to the start of work)

	Tour of the premises	
	Location of restrooms and First Aid facilities	
	Issue "Injury & Illness Prevention Program Manu	al" and review policies
	Discuss & demonstrate proper use, care and ma (safety glasses, gloves, hearing protection, etc.)	ntenance of personal protective equipment
	Review specific safety rules	
	Demonstrate and discuss proper lifting technique	s
	Demonstrate and discuss proper use and safety features of machinery, hand tools, and other equipment	
	Review fire safety issues (housekeeping, smoking and non-smoking areas, control of flammable/combustible materials, etc.)  Show locations and use of fire extinguishers and fire exit routes  Discuss what to do in the event of a fire or other emergency evacuation procedures	
	Discuss what to do if shoplifting is observed	
	Discuss what to do in the event of a robbery	
	Discuss how to report personnel situations that r	nay provoke violence
	Discuss how to report unsafe conditions	
	Discuss what to do in the event of an accident	
I acknowledge that information on the above subjects was furnished to me during my orientation.		
Employee Signature		Date
I have instructed the above-named employee on the topics listed above.		
Superv	visor Signature	Date

[Type here]