

NEW EMPLOYEE SAFETY CHECKLIST

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

- _____ TOUR OF DEPARTMENT -- discuss hazards and the importance of good housekeeping
- _____ LOCATION OF LOCKER ROOM, REST ROOMS AND SHOWER ROOMS
- _____ SPECIAL CLEAN-UP RULES -- personal, if applicable
- _____ WHERE TO KEEP PERSONAL BELONGINGS -- clothing, personal tools, lunch, etc.
- _____ REVIEW OF SAFETY GUIDELINE HANDBOOK
- _____ PROPER USE OF PERSONAL PROTECTIVE EQUIPMENT -- shoes, safety glasses, ear protection, helmet, etc.
- _____ SPECIFIC SAFETY RULES APPLICABLE IN OUR DEPARTMENT (explain the reasons for the rules).

The following safety rules apply:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

____ SAFETY RULES ON CLOTHING, GLOVES AND JEWELRY

PROPER LIFTING TECHNIQUES

— PROPER USE OF MACHINERY, HAND TOOLS AND MATERIAL HANDLING EQUIPMENT

 FIRE SAFETY RULES (non-smoking areas, etc.)

_____ WALK THROUGH EVACUATION ROUTE(S)

____ LOCATION OF FIRE EXTINGUISHER(S) AND FIRE EXIT(S)

WHAT TO DO IN CASE OF FIRE OR EMERGENCY

____ HOW TO REPORT UNSAFE CONDITIONS

____ WHAT TO DO IN THE EVENT OF AN INJURY OR NEAR MISS

____ LOCATION OF NEAREST FIRST AID STATION

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

Employee's Signature

Department

Date _____

I have instructed the above named employee in the fundamentals of safety practices.

Supervisor's Signature

Department

Date _____