

# EMPLOYEE SAFETY ORIENTATION CHECKLIST



## Instructions

Each worker should receive a safety orientation before beginning work. Please check each item that was covered at the orientation.

The employee (name) \_\_\_\_\_ has been:

<input type="checkbox"/>	Informed about the elements of the company's written Illness and Injury Prevention Program.
<input type="checkbox"/>	Informed about regular safety trainings.
<input type="checkbox"/>	Told to immediately report all hazards to his/her supervisor and shown how to do it.
<input type="checkbox"/>	Told to immediately report all injuries to his/her supervisor and shown how to do it.
<input type="checkbox"/>	Informed about the following machinery hazards: (forklift, tractors, etc.).
<input type="checkbox"/>	If under 16 years of age, instructed about prohibited duties. (Under California law, no worker under 16 may: handle or apply pesticides; drive, ride or assist in operating a tractor or forklift; drive a vehicle transporting passengers; use powered equipment; work on a ladder over 20 feet; or work inside a silo.)
<input type="checkbox"/>	Informed of and trained on chemical hazards according to the Cal/OSHA Hazard Communication standard's training requirements, including what an SDS is, how to read a label, and what precautions to take.
<input type="checkbox"/>	Trained on safe methods for performing the specific job the employee was assigned, including any hazards associated with that job, such as proper lifting, use of hand tools, spill clean-up, etc.
<input type="checkbox"/>	Informed about all other potential hazards and how to protect themselves (heat, chemicals [including pesticides], ladders, machinery, etc.).
<input type="checkbox"/>	Shown where the first aid supplies are located and whom to contact for first aid.
<input type="checkbox"/>	Told what to do during any emergencies that might occur, such as heat illness, accidents, etc.
<input type="checkbox"/>	Informed about the location of drinking water, toilets and hand washing facilities.

Continued

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	Other (specify):
	Other (specify):
	Other (specify):
	Other (specify):

Notes/Follow-up needed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Orientation conducted by: \_\_\_\_\_ Date: \_\_\_\_\_

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_