**Training***—***Employee Orientation Checklist for**

**Construction**

**Note:** This is an example orientation template that you can use for training. Please modify to be site-specific to your organization

|  |
| --- |
| **EMPLOYEE ORIENTATION CHECKLIST** |
| **Areas to be Covered.**   | **Description**  | **Completed** |
| Yes | No |
| Company Tour | Work areas and facility tour. Introductions. |   |   |
| Department EHS Training | Hands-on training and safe work practices. |  |  |
|  | * Safe work practices (e.g.; company, department, job-specific)
 |  |  |
|  | * Emergency procedures (e.g.; exits, alarms, fire extinguishers, contact list, shelters)
 |  |  |
|  | * Hazardous areas and materials
 |  |  |
|  | * Equipment and tools – safe work practices and use (e.g.; ladders, power tools)
 |  |  |
|  | * Break and lunch areas (food only areas)
 |  |  |
|  | * Safety Data Sheets location
 |  |  |
|  | * Accident reporting and investigation procedures
 |   |   |
|  | * Personal protective equipment (e.g.; use, location, care, repair)
 |  |  |
|  | * Security measures (e.g.; ID badges, reporting procedures)
 |   |   |
|  | * Employee rights and responsibilities under the OSH Act
 |   |   |
|  | * Company safety responsibilities (e.g.; providing safe work place)
 |   |   |
|  | * Department safety responsibilities (e.g.; correcting hazards)
 |   |   |
|  | * Employee safety responsibilities (e.g.; reporting unsafe conditions)
 |   |   |
|  | * Disciplinary policy
 |  |  |
|  | * Drug and alcohol abuse policy
 |   |   |
|  | * Fleet safety policy
 |   |   |
|  | * Inspections
 |   |   |
|  | * Housekeeping policy
 |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| EHS Training | OSHA-required Safety, Environmental, and Health Training. |   |   |
|  | * Emergency Action Plan
 |   |   |
|  | * Hazard Communication Program
 |   |   |
|  | * Personal Protective Equipment
 |   |   |
|  | * Fire Prevention Plan
 |   |   |
|  | * Electrical Safety Related Work Practices
 |  |  |
|  | * Confined Space Program
 |  |  |
|  | * Bloodborne Pathogens
 |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Employee’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor's Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_