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

**General Industry**

**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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_