

# New Hire Safety Orientation Checklist



## Employee Information

Name:	Start Date:
Position:	Manager:

Policies Reviewed	Additional Training
-------------------	---------------------

<input type="checkbox"/> Safety and Health Program	Note:
<input type="checkbox"/> Accident and Incident Reporting	
<input type="checkbox"/> Workers Compensation	
<input type="checkbox"/> Safety Rights and Responsibilities	
<input type="checkbox"/> Employee Safety Rules	
<input type="checkbox"/> Personal Protective Equipment	
<input type="checkbox"/> Hazard Prevention And Control	
<input type="checkbox"/> Property Maintenance	
<input type="checkbox"/> Emergency Action Plan	
<input type="checkbox"/> Progressive Disciplinary Program	
<input type="checkbox"/> Hazcom	

## Employee Acknowledgement

Employee Signature:	Date:
Trainer Signature:	Date: