

**NEW EMPLOYEE/TEMPORARY WORKER
ENVIRONMENTAL, HEALTH and SAFETY
ORIENTATION CHECKLIST**

Hiring Supervisor--Return completed form within one week of hire date:
Original to, HR Dept., Copies to employee, supervisor's employee file & EH&S Dept.

Employee/Temp.: _____ **Supervisor:** _____

Dept.: _____ **M/S:** _____ **Phone Extension:** _____

1. Emergency Procedures

- Emergency phone number/reporting emergencies
- Building evacuation procedure
- Hazardous Materials Release Response
- Fire Extinguishers
- Earthquakes
- First Aid
- Safety showers/eyewashes/other emergency equipment

2. Injury/Illness Prevention

- Reporting to supervisor (during/after hours)
- Accident Investigation
- Getting treatment (during/after hours)
- Near Miss reporting

3. Environmental, Health and Safety Programs

- Health and Safety Policy Statement
- Injury and illness prevention program
- Other pertinent EH&S programs and procedures
- Employee rights and responsibilities
- Supervisor/manager responsibilities
- Safety committees

4. Education and Training

- Discuss and provide specific work practices for employee's work area
- Signs/labels/restricted areas
- Identification of potential workplace hazards
- Location of chemical inventory and MSDSs
- Personal protective equipment requirements
- Safety lifting practices

Identify by check mark additional required training programs

- | | |
|---|--|
| <input type="checkbox"/> <input type="checkbox"/> Hazard Communication | <input type="checkbox"/> <input type="checkbox"/> Hearing Conservation |
| <input type="checkbox"/> <input type="checkbox"/> Chemical Hygiene Program | <input type="checkbox"/> <input type="checkbox"/> Machinery Guarding/Hazards |
| <input type="checkbox"/> <input type="checkbox"/> Laboratory Safety | <input type="checkbox"/> <input type="checkbox"/> Electrical Safety Practices |
| <input type="checkbox"/> <input type="checkbox"/> Radiation Safety | <input type="checkbox"/> <input type="checkbox"/> Lockout/Tagout Practices |
| <input type="checkbox"/> <input type="checkbox"/> Biosafety - Universal Precautions | <input type="checkbox"/> <input type="checkbox"/> Power/Hand Tool Safety |
| <input type="checkbox"/> <input type="checkbox"/> Hepatitis B Vaccination | <input type="checkbox"/> <input type="checkbox"/> Recognition of Confined Spaces |
| <input type="checkbox"/> <input type="checkbox"/> Animal Safety/Care | <input type="checkbox"/> <input type="checkbox"/> Driver/Fleet Safety |
| <input type="checkbox"/> <input type="checkbox"/> Hazardous Waste Disposal | <input type="checkbox"/> <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> <input type="checkbox"/> Respiratory Protection | <input type="checkbox"/> <input type="checkbox"/> _____ |

Supervisor Signature: _____ **Date:** _____

Employee/Temp. Signature: _____ **Date:** _____