

Safe Job Practices Orientation

PLEASE PRINT:

EMPLOYEE NAME	JOB TITLE	DATE OF HIRE
DEPARTMENT	<input type="checkbox"/> New Hire <input type="checkbox"/> Transfer/Change <input type="checkbox"/> Post-Accident	
DATE ORIENTATION STARTED	SUPERVISOR/GROUP LEADER	DATE ORIENTATION COMPLETED

SECTION I – GENERAL SAFETY POLICIES AND PROCEDURES

General:

- | | | | |
|--|--------------------------|--|--------------------------|
| Review company safety policies as addressed in Section 9 of handbook | <input type="checkbox"/> | Proper Lifting Techniques | <input type="checkbox"/> |
| Review safety rules to job assigned | <input type="checkbox"/> | Special job hazards: | |
| | | Hazardous Communication Program | <input type="checkbox"/> |
| | | Spill Prevention/clean-up | <input type="checkbox"/> |
| | | Location of MSDS | <input type="checkbox"/> |
| | | Labeling System | <input type="checkbox"/> |
| Where, when, how to report injuries | <input type="checkbox"/> | Machine Guards | <input type="checkbox"/> |
| Where, when, how to report unsafe acts | <input type="checkbox"/> | Review forklift operator/pedestrian safety rules | <input type="checkbox"/> |
| Housekeeping (storage/clean aisle-ways) | <input type="checkbox"/> | Lockout/Tagout training | <input type="checkbox"/> |

Department Specific:

- | | |
|--------------------------------|--------------------------|
| Tour of plant and department | <input type="checkbox"/> |
| Review department safety rules | <input type="checkbox"/> |
| Review department safety goals | <input type="checkbox"/> |

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SECTION II – FACILITIES DISCUSSION

- | | | | |
|-------------------------------------|--------------------------|---------------------------------------|--------------------------|
| Exits and Signs | <input type="checkbox"/> | Disposal of Hazardous Materials | <input type="checkbox"/> |
| Fires Extinguishers Equipment/Alarm | <input type="checkbox"/> | Disposal of Trash/Waste | <input type="checkbox"/> |
| First Aid Supplies & Procedures | <input type="checkbox"/> | High Risk, Hazardous, Dangerous Areas | <input type="checkbox"/> |
| Emergency Evacuation Procedures | <input type="checkbox"/> | Safety Committee/members | <input type="checkbox"/> |
| Storage of Hazardous Materials | <input type="checkbox"/> | Safety Suggestions | |
| Storage of Supplies/Materials/Tools | <input type="checkbox"/> | | |

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SECTION III – REQUIRED PERSONAL EQUIPMENT SAFETY DISCUSSION

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|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| Safety Glasses/Goggles/Face Shields | <input type="checkbox"/> | Ear Plugs | <input type="checkbox"/> |
| Shoes/Boots | <input type="checkbox"/> | Protective Leggings/Aprons/Clothing | <input type="checkbox"/> |
| Gloves | <input type="checkbox"/> | Respirators/Masks | <input type="checkbox"/> |

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