# Orientation Checklist Sample

Please note the following document is a sample. Review carefully and modify this document to meet the needs and requirements of your organization.

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| --- | --- | --- | --- |
| **Employee Information** | | | |
| Name: |  | Date worker started: |  |
| Supervisor: |  | Date of orientation: |  |
| Instructor: |  | Date for follow-up: |  |

| **#** | **Item** | **Complete** |
| --- | --- | --- |
|  | Occupational Health and Safety Policy |  |
|  | Return-to-Work Policy |  |
|  | Workers’ three basic rights |  |
|  | Responsibilities of the employer, supervisors and workers |  |
|  | Company rules |  |
|  | Injury reporting procedure |  |
|  | Emergency contact information |  |
|  | Emergency evacuation and response procedures |  |
|  | Location of emergency supplies and equipment (eye wash, safety shower, first aid kits, fire extinguishers, safety data sheets, etc.) |  |
|  | Location of safety bulletin board |  |
|  | Workplace inspection process |  |
|  | Incident investigation process |  |
|  | Hazard reporting procedure |  |
|  | Hazard recognition, evaluation and control |  |
|  | Identification and responsibility of the OHS Committee, WHS Representative, or Designate |  |
|  | Harassment policy |  |
|  | Personal protective equipment |  |
|  | Workplace violence procedure |  |
|  | Working alone procedure |  |
|  | Housekeeping policy |  |
|  | Other: (please list) |  |

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| --- | --- | --- |
| **Job-specific Safe Work Practices and Procedures (please list)** | | |
| **#** | **Item** | **Complete** |
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| **Comments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

**Please do not complete this section until the orientation is complete.**

I acknowledge that all items on this checklist have been reviewed with me during my orientation. I realize that during my term of employment some of the items above may be subject to change.

Worker Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(YY/MM/DD)

Supervisors Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(YY/MM/DD)

Human Resources Rep.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(YY/MM/DD)