

NEW HIRE SAFETY ORIENTATION CHECKLIST

Employee Information	
Name: _____	Start Date: _____
Position: _____	Manager: _____
Policies Reviewed	Additional Training
<ul style="list-style-type: none"><input type="checkbox"/> Safety and Health Program<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	Note: _____ _____ _____ _____ _____ _____ _____ _____ _____

Employee Acknowledgement

Employee Signature: _____ Date: _____

Trainer Signature: _____ Date: _____

This form is for items not requiring a work order

The guidelines for Frontline HRO safety program include the opportunity for all employees to make suggestions and recommendations concerning safety and health. Employees may also remain anonymous by completing the "Suggestions/Comments" portion and inserting the form into the Safety Suggestion Drop Box.

Suggestions/Comments: _____

Response: _____

Name (optional): _____ Department: _____

Signature (optional): _____ Date: _____

Please return your suggestion form to Human Resources with your name and department in case a response is needed.

Client Company: _____

Job-Site Location: _____

Date: _____

General Safety and Health

1. Have documented safety meetings been conducted? Yes No NA

Comments: _____

2. Have documented safety orientation for all new employees been completed? Yes No NA

Comments: _____

3. Have safety violations been identified and documented? Yes No NA

Comments: _____

4. Have violations been corrected and documented? Yes No NA

Comments: _____

5. Have job specific fall protection procedures been documented? Yes No NA

Comments: _____

Hazard Communication

1. Has documented training been completed for all new employees exposed to hazardous material? Yes No NA

Comments: _____

2. Are MSDS/SDS sheets maintained for each hazardous substance used? Yes No NA

Comments: _____

3. Are all MSDS/SDS sheets stored in a conspicuous area where all employees have access? Yes No NA

Comments: _____

4. Has retraining been provided when a products is introduced? Yes No NA

Comments: _____

5. Is each container of a hazardous substance labeled with product identity and hazard warnings communicating the specific health and physical hazards?

Yes No NA

Comments: _____

Hazardous Material Handling and Storage

1. Are flammable and combustible materials stored, handled and used in accordance with safe practices and standards? If not applicable skip section.

Yes No NA

Comments: _____

2. Are combustible scrap, debris and waste materials as well as solvent wastes and flammable liquids kept in proper covered waste containers and removed from the work-site promptly?

Yes No NA

Comments: _____

3. Are all containers properly labeled?

Yes No NA

Comments: _____

Personal Protective Equipment (PPE)

1. Has a documented assessment of the work place been conducted to determine what PPE is necessary?

Yes No NA

Comments: _____

2. Has proper PPE been provided for each employee?

Yes No NA

Comments: _____

3. Is PPE properly stored and kept in clean and sanitary condition?

Yes No NA

Comments: _____

4. Have employees been trained on PPE necessary for each job or task, when it is required and how to properly adjust?

Yes No NA

Comments: _____

Eye Protection

1. Are protective goggles or face shield provided and worn where there is any danger of flying particles or corrosive materials? Yes No NA

Comments: _____

2. Are approved safety glasses required to be worn at all times in areas where there is a risk of eye injuries such as punctures, abrasions, contusions or burns? Yes No NA

Comments: _____

3. Are employees who require corrective lenses also required to wear only approved safety glasses, protective goggles, or other medically approved eye protection? Yes No NA

Comments: _____

Head protection

1. Are hard hats provided and worn where the danger of falling objects exists? Yes No NA

Comments: _____

2. Are hard hats inspected periodically for damage to the shell and suspension? Yes No NA

Comments: _____

Foot protection

1. Is appropriate foot protection required where there is risk of foot injuries from hot, corrosive or poisonous substances, falling objects, slipping and crushing or penetrating actions? Yes No NA

Comments: _____

Fall Protection

1. Has fall protection been provided and worn when conditions require use? Yes No NA

Comments: _____

2. Has documented fall protection training been conducted? Yes No NA

Comments: _____

3. Have job specific fall protection requirements been completed prior to engaging in roofing operations? Yes No NA

Comments: _____

Fire Safety

1. Are "No Smoking" signs posted and rules enforced appropriately in areas where flammable or combustible material are used or stored? Yes No NA

Comments: _____

2. Are fire extinguishers selected and provided for the types of materials in areas where they are to be used? Yes No NA
- Class A Ordinary combustibile material fires.
 - Class B Flammable liquid, gas or grease fires.
 - Class C Energized-electrical equipment fires.

Comments: _____

3. Are appropriate fire extinguishers mounted within 75 ft. of outside areas containing flammable liquids, and 10 ft. of any inside storage area for such materials? Yes No NA

Comments: _____

4. Are fire extinguishers free from obstructions or blockage? Yes No NA

Comments: _____

5. Are all extinguishers serviced, maintained and tagged at intervals not to exceed 1 year? Yes No NA

Comments: _____

6. Are all extinguishers full and in their designated places? Yes No NA

Comments: _____

Power Tools and Equipment

1. Are all tools and equipment used by employees in good working condition? Yes No NA

Comments: _____

2. Are all employees trained in the hazards caused by faulty or improperly used hand tools? Yes No NA

Comments: _____

3. Are tools cutting edges kept sharp so the tool will cut smoothly without binding or skipping? Yes No NA

Comments: _____

4. Are all tools and equipment properly guarded and are the guards checked regularly to assure they are working properly? Yes No NA

Comments: _____

5. Are all cords connected to tools and equipment effectively grounded, in good condition and the approved double insulated? Yes No NA

Comments: _____

Electrical Safety

1. Do extension cords being used have a ground conductor? Yes No NA

Comments: _____

2. Is exposed wiring and cords with frayed or deteriorated insulation properly repaired or replace promptly? Yes No NA

Comments: _____

General Work Environment

1. Is job-site kept clear of debris? Yes No NA

Comments: _____

2. Are walking surfaces kept clear of debris? Yes No NA

Comments: _____

General Notes:

General Notes cont.:

Inspection Conducted by: _____ Date: _____

Inspector's Signature: _____