

Mission Safe: Employee Orientation Checklist

INSERT
ORGANIZATION
LOGO HERE

EMPLOYEE _____ DATE _____

DEPARTMENT _____ CHECK ONE: NEW HIRE TRANSFER REHIRE

JOB TITLE _____ CHECK ONE: PART TIME FULL TIME VOLUNTEER

Immediate Supervisor: *check each topic when fully completed*

A. The Job (General)

- Basics – when, where, and how to report to work (footwear, specific clothing if any, etc.)
- Attendance – lateness, absenteeism, sick leave
- Remuneration – pay, overtime, vacation, benefits

B. Employee Responsibilities

- Employee behavioral obligations – code of conduct, basic rules, etc.
- Drug-free workplace policy – statement, testing policies (if any), employee assistance (if any)
- Child Abuse Policy – basics, babysitting policy, abuse prevention code of conduct
- Violence in the workplace policy – statement, unacceptable actions, consequences
- Transportation policy – employee vehicles on premises, rules, insurance requirements, MVR
- Responsibility to guests and patrons
- Proper use of company equipment

C. Safety and Risk Management

- Employee Safety Responsibilities – review all aspects of the document
- Emergency Equipment (AED, O2, first aid, fire extinguisher, fire/trouble alarm) – location/use
- Incident/Illness Reporting – timeliness, process, designated/preferred medical care provider
- Hazard Reporting (conditions/procedures/actions) – why, what, when (now), to whom, how
- Personal Protective Equipment (PPE) – equipment necessitating, location, use (as applicable)
- Hazardous Materials Communication (chemical) – MSDS, PPE, safety equipment, procedures
- Lifting & Ladder Safety – lifting and climbing aids, procedures – when, where, how, who
- Emergency Action Plans – location and details: pool, medical, violence, weather, chemical
- Company Safety Program – safety contract, responsibilities, and consequences

D. Specific Task Instruction

- Explain the safe and proper way to do *each* procedure related to the job position
- Have an experienced employee demonstrate the proper way to do each procedure
- Have the new employee practice each procedure, correcting as necessary

E. Other Required Trainings: *check each training needed by this employee – note necessary completion-by date*

- | | | | |
|------------------------------------|---------------------|---|---------------------|
| <input type="checkbox"/> CPR | <i>before</i> _____ | <input type="checkbox"/> Blood-borne Pathogen | <i>before</i> _____ |
| <input type="checkbox"/> First Aid | <i>before</i> _____ | <input type="checkbox"/> Abuse Prevention | <i>before</i> _____ |
| <input type="checkbox"/> AED | <i>before</i> _____ | <input type="checkbox"/> Defensive Driving | <i>before</i> _____ |
| <input type="checkbox"/> Oxygen | <i>before</i> _____ | <input type="checkbox"/> Other | <i>before</i> _____ |

EMPLOYEE'S SIGNATURE _____ DATE _____

SUPERVISOR'S SIGNATURE _____ DATE _____