

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

**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)
- Getting treatment (during/after hours)
- Accident Investigation
- 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**

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

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Employee/Temp. Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**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.