



SAFETY CHECKLIST

Employee Name

_____/_____/_____
Date

During orientation, employees will be introduced to the company’s Safety Program and its components and are encouraged to participate at all times. This should be used as a reference in the event of a workplace hazard, accident, or emergency.

Please review the Safety Program and discuss the items below during a walk thru of the building:

- First Aid Kit
- Fire Alarm Fire Extinguishers
- Emergency Exits
- Hazard and Close Call Reporting Procedures
- Accident Reporting Procedures
- Emergency Medical and Evacuation Plans
- Safety Data Sheets
- Workplace Written Safety Programs
- Safety Program Administrator _____
- Hazardous areas (equipment lanes, chemicals, terrain hazards, etc.)
- Restrooms Drinking water Breakroom and lunch area No smoking areas
- Personal Protective Equipment PPE is not required for this position
 - Emergency eye wash / personal eye wash
 - Safety glasses
 - CPR breathing barriers
 - Hearing protection
 - Respirators / dust masks
 - Gloves
 - Aprons or special clothing
 - High visibility clothing
 - Head protection

When all items above are completed, sign/date and return the form to HR.

Employee Signature

_____/_____/_____
Date

Employer Signature

_____/_____/_____
Date