Employee Orientation

Check each of the items on this form at the time instruction is given. When completed, sign and return it for placement in the employee's file.

Employee's Name _____

Occupation _____ Date Hired _____

Department _____ Safety Orientation Date _____

	Completed/Initial
1. Application completed, signed and on file	_____
2. Social Security card, physically checked (copy for file)	_____
3. Driver's License Checked (Motor Vehicle Report)	_____
4. Company safety policy reviewed and signed	_____
5. General safety rules discussed	_____
6. Specific job safety rules explained	_____
7. Reporting of unsafe conditions explained	_____
8. Proper lifting techniques reviewed	_____
9. Required personal protective equipment discussed	_____
10. Fire protection equipment and responsibilities explained	_____
11. Reporting of injuries and obtaining medical care explained	_____
12. All applicable material safety data sheets reviewed	_____
13. U. S. Department of Justice (I-9) Form	_____
14. Federal Withholding Tax (W-4) Form	_____

I have instructed the above new employee in the safety requirement checklist and feel he/she can be reasonably expected to perform his/her duties safely.

_____ _____

Date *Supervisor*

This document is advisory only and does not attempt to list all potential hazards or identify all possible remedial actions. You are responsible for the safety of your premises, operations, and products. FCCI Insurance Group and its affiliates and subsidiaries shall not be liable for any loss, injury, death, damage, or expense arising out of the use of this bulletin.