

LEE COUNTY
NEW EMPLOYEE SAFETY ORIENTATION CHECKLIST

It is required that the Supervisor thoroughly instruct each employee in the safety requirements of the job. This checklist may be used as a tool to accomplish this. Check each of the items on this form at the time instruction is given and when completed, sign it and return it to the Department Head for placement in the employee's file.

Employee's Name: _____

Occupation: _____ Date Hired: _____

Topic	Topics Discussed by:	Date:	Employee Initials:
1. General Safety Overview	_____	_____	_____
2. Accident Prevention	_____	_____	_____
3. Safety Rules	_____	_____	_____
4. Hazard Communication	_____	_____	_____
5. Personal Protective Equipment	_____	_____	_____
6. Ergonomics/Lifting/Material Handling	_____	_____	_____
7. Housekeeping/Fire/Electrical	_____	_____	_____
8. Slip, Trip, Fall/Ladders	_____	_____	_____
9. Fleet Safety	_____	_____	_____
10. Emergency Procedures, Evacuation, First-Aid, Fire Extinguishers	_____	_____	_____
11. Hand and Power Tools	_____	_____	_____
12. Bloodborne Pathogens	_____	_____	_____

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

Supervisor _____ Employee

Date _____ Date

Completed reported shall be retained by the Department Head