# New Employee Safety Orientation Checklist

*Prepared by Chief Executive Office, Risk Management Branch  
Loss Control and Prevention Section  
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Contact Loss Control and Prevention at (213) 738-2269 for additional information*

Employee Name: ____________________  
Job Title: ________________________  
Employee Supervisor: ________________________  
Date: ____________________________

<table>
<thead>
<tr>
<th>SUBJECT</th>
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<tr>
<td><strong>Safety Responsibility</strong></td>
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Stress the importance of employee safety and responsibility in the workplace including all best practices. | Yes □  
No □  
N/A □  
Encourage employees to ask questions and challenge unsafe practices. | Yes □  
No □  
N/A □  
Review housekeeping procedures and stress importance of clutter free environment. | Yes □  
No □  
N/A □  
Review appropriate state, federal and local regulations. | Yes □  
No □  
N/A □  |
| **Fire and Emergency Procedures** |  
Review emergency phone numbers. | Yes □  
No □  
N/A □  
Review emergency evacuation procedures for the work area. | Yes □  
No □  
N/A □  
Conduct a walkthrough of appropriate evacuation routes. | Yes □  
No □  
N/A □  
Point out the designated emergency assembly area. | Yes □  
No □  
N/A □  |
| **Fire Extinguishers** |  
Identify fire extinguishers located in the work area. | Yes □  
No □  
N/A □  
Inform employee that fire extinguishers should only be used if properly trained to do so. | Yes □  
No □  
N/A □  |
| **First Aid** |  
Point out first aid kits. | Yes □  
No □  
N/A □  
Inform the employee that first aid may be provided only if properly trained to do so. | Yes □  
No □  
N/A □  |
| **Reporting Requirements** |  
Review the reporting requirements for accidents, injuries and near misses. | Yes □  
No □  
N/A □  |
| **Safety Training** |  
Review the Injury and Illness Prevention Program. | Yes □  
No □  
N/A □  
Review the Ergonomics Program to include proper workstation set up and positioning. | Yes □  
No □  
N/A □  
Review material handling procedures to include proper lifting, pushing and pulling techniques. | Yes □  
No □  
N/A □  
Review the Hazard Communication Program including the use of Material Safety Data Sheets. | Yes □  
No □  
N/A □  
Review the Bloodborne Pathogens Program. | Yes □  
No □  
N/A □  
Review the Heat Illness Prevention Program. | Yes □  
No □  
N/A □  
Review the Respiratory Protection Program. | Yes □  
No □  
N/A □  
Other: | Yes □  
No □  
N/A □  |
| **Safety Equipment Requirement and Training** |  
Review procedures for the proper use and wear of eye protection (goggles, faceshields, safety glasses, etc.). | Yes □  
No □  
N/A □  
Review procedures for the proper use of head protection. | Yes □  
No □  
N/A □  
Review procedures for the proper use of hand protection (gloves). | Yes □  
No □  
N/A □  |
Review procedures for the proper use of foot protection.