

NEW EMPLOYEE ORIENTATION

Company	City	Date
Instructor	Company (if different than above)	

Subjects Covered in Orientation:

	Yes	No
Company Safety Policy	<input type="checkbox"/>	<input type="checkbox"/>
General Safety Rules	<input type="checkbox"/>	<input type="checkbox"/>
Claims Management Procedures	<input type="checkbox"/>	<input type="checkbox"/>
Ergonomics Program (basic)	<input type="checkbox"/>	<input type="checkbox"/>
Safety Operating Procedures	<input type="checkbox"/>	<input type="checkbox"/>
Hazard Communication	<input type="checkbox"/>	<input type="checkbox"/>
Bloodborne Pathogens	<input type="checkbox"/>	<input type="checkbox"/>
Fire and Evacuation	<input type="checkbox"/>	<input type="checkbox"/>
Others (please list below):	<input type="checkbox"/>	<input type="checkbox"/>

Accident / Near Miss Reporting and Forms	<input type="checkbox"/>	<input type="checkbox"/>
Designated Medical Provider / Early Reporting Program	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Program	<input type="checkbox"/>	<input type="checkbox"/>
Equipment Training	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes", please list below:		

Identify Other Training Provided:

_____	_____
_____	_____
_____	_____

Signatures of Employees Trained:

Date:

_____	_____
_____	_____
_____	_____

Additional Comments:

Reviewed By	Position	Date
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