

# Employee Site-Specific-Safety Orientation

**Corporate Level Safety Training** (i.e. HazCom) was completed on/is scheduled for (Date): \_\_\_\_\_

**After new employee onboarding and corporate training, site specific items need to be presented as follows:**

**The Safety Coordinator** at \_\_\_\_\_ (Location) is \_\_\_\_\_ (Name or Title), however each and every employee is responsible for safety.

The location of **Workplace/HR Postings** is: \_\_\_\_\_

## Emergency Action Plan:

The location of **Nearest Exit** is: \_\_\_\_\_ and nearest **Evacuation Map** is: \_\_\_\_\_

The **Alarm System** being used is: \_\_\_\_\_

The **Assembly Location** is: \_\_\_\_\_

The **Fire Extinguisher Policy** is (circle one): Only Trained Employees Authorized to Use -OR- No Employees are Authorized to Use

## Hazard Communication:

**Safety Data Sheets (M/SDSs)** can be found (circle one): Location of Binder is: \_\_\_\_\_ -OR- via Icon/Link on Computers

**SDSs** are updated by Name: \_\_\_\_\_ **Container Labels** can be obtained from: \_\_\_\_\_

## Hazard Assessment / Personal Protective Equipment (PPE):

The **Hazard Assessment** was reviewed with employee by: \_\_\_\_\_ (Name) on: \_\_\_\_\_ (Date)

**PPE** (i.e. Safety Glasses, Gloves, etc.) are obtained from (circle one): Employee's Manager -OR- Other: \_\_\_\_\_

## Location of Specific Items / Shop Tour (i.e. Mechanics/Technicians):

Name of **Manager Conducting Tour**: \_\_\_\_\_

Location of **First Aid Kit/Supplies**: \_\_\_\_\_

Location of **Eye Wash Station(s)**: \_\_\_\_\_

Location of **Oily Rag Container(s)**: \_\_\_\_\_

Location of **Oxygen Cylinder** storage: \_\_\_\_\_ and of **Flammable Gas Cylinder** storage: \_\_\_\_\_

## Orientation Certification:

I certify that I have completed these Site-Specific-Safety Orientation items and agree to abide by all applicable rules, regulations and procedures established to promote a safe and healthy work environment at this facility. I further agree to contact my supervisor with any questions or concerns regarding my safety and health on the job and to immediately report any workplace hazards found.

Print Name \_\_\_\_\_ Job Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

To be completed by Supervisor:

**Additional Training** (Date Completed or Scheduled -OR- N/A):

Lifts \_\_\_\_\_ Forklift \_\_\_\_\_ Torch Safety \_\_\_\_\_ Fire Extinguisher \_\_\_\_\_ PPE/Respirator \_\_\_\_\_

Wheel Acid Safety \_\_\_\_\_ Freon (EPA/609) \_\_\_\_\_ HazMat (DoT) \_\_\_\_\_ Other Tool Specific Training \_\_\_\_\_