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## Company Name

(Logo)

 **Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Employee Orientation

Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hire Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Trade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Introduction Safe Work Practice

 Company History General Housekeeping

 Company Safety Policy Scaffolds

**Responsibility for Safety**  Floor Openings

 Worker Ladders

 Supervisor Excavators

 Manager Cutting/Welding

**Emergency Procedures**  Manual Lifting

 Fire Rigging

 Ambulance Hoisting

 First Aid Powder Actuated Tools

 Security/Police Electrical Equipment

 Incident Reporting Grounding

**General Rules**  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Alcohol, Drugs Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Horseplay, Fighting Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Vehicle Operation Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Theft

**Personal Protective Equipment Meetings**

 Hard Hats Safety Committee

 Safety Glasses Toolbox

 Fall Protection

 Respirators

* Hearing Protection

# Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_