

NEW WORKER ORIENTATION FORM

Organization Name: _____

Worker Name: _____

Date of Hire: _____

By signing at the bottom, I acknowledge that I have received training in the following areas:

- | | | | |
|----|--------------------------------|------------------------------|-----------------------------|
| 1. | General Safety | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. | Emergency Evacuation Routes | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. | Fire Extinguisher Locations | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. | Portable Fire Extinguishers | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. | Pull Station Locations | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. | First Aid Locations | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. | Lifting Safely | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8. | Reporting Injuries and Hazards | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

(Worker Signature)

(Date)

(Trainer Signature)

(Date)

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