



# NEW TEAM MEMBER CHECKLIST

Employee Information			
Name:		Start date: Orientation date:	
Position:		Supervisor:	
First Day			
<input type="checkbox"/> Provide employee with New Employee Safety Handbook.			
<input type="checkbox"/> Assign "buddy" employee(s) to answer general questions.			
Policies			
<input type="checkbox"/> Review key procedures.	<input type="checkbox"/> Vacation and sick leave <input type="checkbox"/> Time and leave reporting <input type="checkbox"/> Overtime <input type="checkbox"/> Performance reviews <input type="checkbox"/> Workplace Violence/harassment <input type="checkbox"/> Right to Refuse Unsafe Work <input type="checkbox"/> Working Alone <input type="checkbox"/> Drug and Alcohol	<input type="checkbox"/> Health & Safety Policy <input type="checkbox"/> General Safety Rules <input type="checkbox"/> Job Responsibilities <input type="checkbox"/> Accountability System <input type="checkbox"/> Progressive disciplinary actions <input type="checkbox"/> General emergency procedures <input type="checkbox"/> Personal Protective Equipment <input type="checkbox"/> Certification/Ticket Renewals	
Introductions and Tours			
<input type="checkbox"/> Give introductions to department staff and key personnel during tour.			
<input type="checkbox"/> Tour of facility, including:	<input type="checkbox"/> Restrooms <input type="checkbox"/> Lunchroom <input type="checkbox"/> Kitchen/Coffee room(s) <input type="checkbox"/> Bulletin board	<input type="checkbox"/> Fire Protection <input type="checkbox"/> Muster Point <input type="checkbox"/> Emergency exits and supplies	<input type="checkbox"/> PPE Location <input type="checkbox"/> First Aid Station <input type="checkbox"/> Parking
Position Information			
<input type="checkbox"/> Review initial job assignments and training plans.			
<input type="checkbox"/> Review job description and performance expectations and standards.			
<input type="checkbox"/> Review job schedule and hours.			
<input type="checkbox"/> Review payroll timing, time cards (if applicable), and policies and procedures.			
<input type="checkbox"/> _____			

By signing below I acknowledge I understand the above items and will comply with <Company>'s Safety Program

\_\_\_\_\_, 20\_\_\_\_  
Employee Name                      Employee Signature                      Date

\_\_\_\_\_, 20\_\_\_\_  
Supervisor Name                      Supervisor Signature                      Date