

INITIAL TRAINING AND ORIENTATION CHECKLIST

Employee Name:

Start Date and Time:

- Shown where time clock and locker are.
- Shown where refrigerator and microwave are.
- Shown where bathrooms are.
- Shown where water fountains/coolers are.
- Explained safety glasses requirement.
- Shown where first-aid kits are and what to do in case of an injury.
- Explained break time(s) and procedures.
- Explained personal phone call policy — incoming and outgoing.
- Given expectations of work habits.
- Explained schedule board, how it is read, when and how to mark off operations.



Optional:

- Shown where gloves are and what to do with old gloves.
- Shown where earplugs are.
- Explained safety features of machine.
- Explained how to operate machine safely.
- Explained how to read prints, special instructions, and tolerances.
- Explained different material types and gauges.
- Shown proper way to physically move parts.
- Forklift certified? Yes No
- Forklift training complete? Yes No
- Date of forklift certification:
- Introduced to lead people of each area (including to whom questions should be addressed).



I am familiar with all of the above areas of my job and have had an opportunity to ask questions about them.

Employee Signature:

Date:

Lead Person Signature:

Date:

