

**Town of Long Lake  
New Employee Safety Orientation Checklist**

**INSTRUCTIONS**

- Supervisor must complete checklist with each new hire on first day of work. Arrange for required training, as specified in Safety Training Matrix in Safety Manual.
- Check items completed. Include all those applicable to job.
- Return completed checklist to Town Offices within one week of hire.

**EMPLOYEE INFORMATION**

<b>Employee Name:</b>	<b>Job Title:</b>
<b>Supervisor:</b>	<b>Start Date:</b>
<b>Primary Job Location and Duties:</b>	

**WORK AREA ORIENTATION**  
Indicate Location of the Following

Item	Check		Item	Check		Other – Work Area Specific (List)	Check
Exits			Eyewash				
Rally Points			First Aid Kit				
Fire Extinguishers			Incident Forms				
Work Area Bulletin Board			Safety Data Sheets				
Workplace Violence Policy			PPE				
Safety Manual			Lockout/Tagout Supplies				

**SAFETY PROGRAM ORIENTATION**

Review applicable Safety Programs. Use Program documents and resources in Safety Manual.

Program Element	Check	What to Review
Safety Policy and Responsibilities		Review Policy
Accident & Incident Reporting		Basic requirements to report and where to find form
Active Shooter		Provide brochure and review process
ADA Information		Review summary found in Safety Manual under Misc. Topics
Bloodborne Pathogen Program (BBP) <sup>1</sup>		<i>If applicable, notify Medical Center and send employee to Medical Center for Hep B status review within 10 days of hire.</i>
Bomb Scare / Suspicious Package		Review Homeland Security Form
Building Evacuation		See Work Area Orientation above
Confined Space Entry – Water		Contact Safety Coordinator for specific training
Electrical Safety		General info provided in resources and work specific activities
Fall Protection/ Working at Heights		Ladder use and work specific activities
Hazard Communication		Program document, how to read SDS and labels
Heat Stress		Use OSHA Fact Sheet
Lockout/Tagout		Provide on-the-job training, as applicable
Noise <sup>2</sup>		Provide ear plugs for comfort, as applicable
Office Ergonomics		Complete self-assessment or contact Safety Coordinator, if applicable
Personal Protective Equipment		Review PPE Matrix for job activities.
Respiratory Protection		If respiratory protection used, contact Safety Coordinator
Visits or Inspections from Regulators		Review Program document in Safety Manual
Workplace Violence/ Sexual Harassment		Preview Program and reporting form
Misc. Safety Topics		Housekeeping, Vehicle Safety. Other as applicable – review requirements.
Other (list)		Job Related Programs

**Comments and Follow-Up:**

**SIGNATURES**

<b>Employee's Signature:</b>	<b>Date:</b>
<b>Supervisor's Signature:</b>	<b>Date:</b>
<b>Office Use Only:</b> <b>Date Form Received:</b>	<b>Office Signature:</b>

<sup>1</sup> BBP is relevant to Medical Center employees, lifeguards, and workers that deal with garbage pickup.

<sup>2</sup> Use of hearing protection is voluntary, except for fireworks, which required dual protection. If mandatory, contact Safety Coordinator.