**NEW TEAM MEMBER CHECKLIST**

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

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

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Employee Name Employee Signature Date

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Supervisor Name Supervisor Signature Date