**SITE-SPECIFIC ORIENTATION CHECKLIST**

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| --- | --- | --- | --- | --- |
| **Worker Information** | | | | |
| Name: | | | Date of arrival: | |
| Company: | | | Position: | |
| **Tickets and Permits** | | | | |
| Confirmed required tickets are up to date  Confirmed required Safe Work Permits are in order | | | | |
| **Current Site Conditions** | | | | |
| Review key Conditions including:   * hazards specific to the job site * hazards specific to the task at hand * H2S / hazardous materials | Review as appropriate:   * Current Contractors on site, including concurrent work activities * Recent wildlife reports * Current activities * Parking / staging area * Current local weather concerns | | | |
| **Introductions and Tools** | | | | |
| Give introductions to site management and other contractors if present. | | | | |
| Tour of location, including: | | * Bathrooms * Lunchroom * Safety bulletin board * First Aid Station/medic trailer * Air trailer * Site-Specific Rules | | * Emergency exits and supplies * Emergency procedures * Fire Protection equipment * SCBA equipment * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

By signing below I acknowledge that I was provided with information necessary to operate on this site in a safe manner and will comply with <Company> Safety Program

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,20\_\_\_

Worker Name Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,20\_\_\_

Supervisor Name Signature Date