

**INSTRUCTIONS:** Provide each new employee a safety walk-through and general department orientation. This checklist documents that each item was covered in the orientation, if applicable. Supervisor/designee, please:

- Complete orientation within 14 work days of start date
- Check each item indicating it was completed
- Sign form at the bottom
- Keep completed form on file at school/department

**EMPLOYEE NAME:** \_\_\_\_\_ **EMPLOYEE ID #:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_ **LOCATION:** \_\_\_\_\_

**SUPERVISOR:** \_\_\_\_\_ **LOCATION:** \_\_\_\_\_

SCHEDULE		Person Responsible	Employee Initials
<input type="checkbox"/> completed	Time provided in work schedule to complete mandatory trainings (training link sent to district email)	Office manager or supervisor	
<input type="checkbox"/> completed	Lunch and breaks schedule	Office manager or supervisor	
<b>PERSONNEL</b>			
<input type="checkbox"/> completed	Name of union/association building representative	Office manager or supervisor	
<input type="checkbox"/> completed	Name of immediate supervisor and/or evaluator (explain difference, if appropriate)	Office manager or supervisor	
<input type="checkbox"/> completed	List of preferred department substitutes and who is eligible for substitutes	Office manager or supervisor	
<input type="checkbox"/> completed	Substitute plans – expectation and how to write	Office manager or supervisor	
<b>TECHNOLOGY</b>			
<input type="checkbox"/> completed	Directions for accessing IEPs	Special Services	
<input type="checkbox"/> completed	Electronic resources applicable to position (e.g., eSchools, LMS, Global Scholar, DocuShare, BoardDocs, Friday Reports, Principals' Packet, etc.)	Office manager or supervisor	
<b>FACILITIES</b>			
<input type="checkbox"/> completed	Tour of facility and grounds (AEDs, staff room, bathrooms, emergency exits, supply room)	Office manager	
<input type="checkbox"/> completed	Location of place to store personal items (purses, etc.)	Office manager	
<input type="checkbox"/> completed	Location of copier, directions on how to use, access code (if needed)	Office manager	
<input type="checkbox"/> completed	Location of work space, computer, etc.	Office manager	

<input type="checkbox"/> completed	Where to park* * HR issues CRC FOBs/Superintendent assigns garage parking	Office manager	
<input type="checkbox"/> completed	Keys for room and/or department	HR issues CRC keys; Office manager assigns department keys	
<input type="checkbox"/> completed	Sonitrol access	Office Manager	
<b>SAFETY</b>			
<input type="checkbox"/> completed	Reporting accidents to supervisor immediately	Office manager	
<input type="checkbox"/> completed	Shown where the written accident prevention/safety program is located	Office manager	
<input type="checkbox"/> completed	Shown the location of the material safety data sheets for the chemicals that are used	Office manager	
<input type="checkbox"/> completed	Shown where the safety bulletin board is located	Office manager	
<input type="checkbox"/> completed	First Aid <ul style="list-style-type: none"> <li><input type="checkbox"/> Obtaining treatment</li> <li><input type="checkbox"/> Location of first aid kits</li> <li><input type="checkbox"/> Location and names of employees trained in first aid</li> </ul>	Office manager	
<input type="checkbox"/> completed	Potential hazards on the job and in the building <ul style="list-style-type: none"> <li><input type="checkbox"/> What they are</li> <li><input type="checkbox"/> How to safely use equipment</li> <li><input type="checkbox"/> Care and use of personal protective equipment</li> </ul>	Office manager	
<input type="checkbox"/> completed	What to do in the event of an emergency <ul style="list-style-type: none"> <li><input type="checkbox"/> Exit locations and evacuation routes</li> <li><input type="checkbox"/> Use of firefighting equipment (extinguishers hose, etc.)</li> <li><input type="checkbox"/> Specific procedures (medical, chemical, fire, etc.)</li> <li><input type="checkbox"/> Copy of/or access to building safety plans</li> </ul>	Office manager	
<input type="checkbox"/> completed	Total safety program <ul style="list-style-type: none"> <li><input type="checkbox"/> Function of safety committee and meetings</li> <li><input type="checkbox"/> Introduction to safety committee representative</li> </ul>	Office manager	

*I have instructed this employee on the items checked above and believe he/she can perform assigned duties safely.*

\_\_\_\_\_  
Supervisor/designee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Please keep completed form on file at the school/department.**

August 2018