

BUILDING ORIENTATION CHECKLIST



INSTRUCTIONS: Each new employee shall receive a safety walk-through and general building orientation at their employment site. This checklist documents that each required item was covered in the orientation.

Supervisor/designee: Check each item indicating it was covered
 Sign form at the bottom
 Return checklist to HR within 14 days from date of orientation

EMPLOYEE NAME: _____ **EMPLOYEE ID #:** _____

POSITION: _____ **LOCATION:** _____

Circle One: **New Employee** **Transfer** **Rehire** **Substitute**

Completed	Item
SAFETY	
	Purpose of orientation
	Reporting accidents to supervisor immediately
	Shown where the written Accident Prevention/Safety Program is located
	Shown the location of the Material Safety Data Sheets for the chemicals that are used
	Shown where the Safety Bulletin Board is located
	First Aid <ul style="list-style-type: none"> <input type="checkbox"/> Obtaining treatment <input type="checkbox"/> Location of first aid kits <input type="checkbox"/> Location and names of employees trained in first aid
	Potential hazards on the job and in the building <ul style="list-style-type: none"> <input type="checkbox"/> What they are <input type="checkbox"/> How to use equipment safely <input type="checkbox"/> Care and use of personal protective equipment
	What to do in the event of an emergency <ul style="list-style-type: none"> <input type="checkbox"/> Exit locations and evacuation routes <input type="checkbox"/> Use of firefighting equipment (extinguishers hose, etc.) <input type="checkbox"/> Specific procedures (medical, chemical, fire, etc.)
	Total safety program <ul style="list-style-type: none"> <input type="checkbox"/> Function of safety committee and meetings <input type="checkbox"/> Introduction to safety committee representative
	Personal work habits <ul style="list-style-type: none"> <input type="checkbox"/> Proper lifting techniques <input type="checkbox"/> Good housekeeping <input type="checkbox"/> Safe work procedure
	Vehicle safety, if applicable
FACILITIES	
	Tour of facility and grounds (AEDs, staff room, bathrooms, emergency exits, supply room)
	Location of place to store personal items (purses, etc.)
	Location of copier, directions on how to use, access code (if needed)
	Location of computer to use for e-mail access, etc.
	Where to park
	Keys for room and/or building

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SCHEDULE	
	Time in schedule to check e-mail and complete mandatory trainings
	Schedule regarding lunch and breaks
PERSONNEL	
	Name of union building representative
	Name of immediate supervisor and/or evaluator (explain difference, if appropriate)
	List of preferred building substitutes
	Substitute plans – expectation and how to write
TECHNOLOGY	
	Directions for accessing IEPs, if appropriate
	What websites to access (eSchools, LMS, Global Scholar, etc.)

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

Return completed checklist to HR within 14 days from date of orientation or transfer.