



Orientation Date _____

BUILDING ORIENTATION CHECKLIST

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

- Check each item indicating it was completed
- Sign form at the bottom
- Return checklist to HR within 14 days from date of district orientation

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

POSITION: _____ **LOCATION:** _____

Circle One: **New Employee** **Transfer** **Rehire** **Long-term Substitute/Temporary**

SCHEDULE	Action	Person Responsible
<input type="checkbox"/> completed	Time in schedule to complete mandatory trainings (training link sent to district email)	Supervisor or office manager
<input type="checkbox"/> completed	Schedule regarding lunch and breaks	Supervisor or office manager
PERSONNEL		
<input type="checkbox"/> completed	Name of union building representative	Supervisor or office manager
<input type="checkbox"/> completed	Name of immediate supervisor and/or evaluator (explain difference, if appropriate)	Supervisor or office manager
<input type="checkbox"/> completed	List of preferred building substitutes	Supervisor or office manager
<input type="checkbox"/> completed	Substitute plans – expectation and how to write	Supervisor or office manager
TECHNOLOGY		
<input type="checkbox"/> completed	Directions for accessing IEPs	Special Services
<input type="checkbox"/> completed	Electronic resources (e.g., eSchools, LMS, Global Scholar, DocuShare, BoardDocs, Friday Reports, Principals' Packet, etc.)	Overview at orientation Supervise or office manager depending on the position
<input type="checkbox"/> completed	Review RAVE panic button application	Orientation
FACILITIES		
<input type="checkbox"/> completed	Tour of facility and grounds (AEDs, staff room, bathrooms, emergency exits, supply room)	Office manager schedules
<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 building	HR issues CRC keys

		Office manager assigns building keys
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SAFETY	Action	Person Responsible
<input type="checkbox"/> completed	Reporting accidents to supervisor immediately	
<input type="checkbox"/> completed	Shown where the written accident prevention/safety program is located	
<input type="checkbox"/> completed	Shown the location of the material safety data sheets for the chemicals that are used	
<input type="checkbox"/> completed	Shown where the safety bulletin board is located	
<input type="checkbox"/> completed	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 	
<input type="checkbox"/> completed	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 	
<input type="checkbox"/> completed	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.) 	
<input type="checkbox"/> completed	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 	
<input type="checkbox"/> completed	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 	

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 only to HR within 14 days from date of orientation