



SUBCONTRACTOR / ANNUAL ORIENTATION CHECKLIST

Check off each item when it is explained to the subcontractor/employee.

Subcontractor/Employee Name (**Print**): _____

Date: _____ Job Title: _____

SAFETY POLICY / SAFETY RULES

PROGRAM ADMINISTRATION

- ◆ Safety Program Policy
- ◆ Organizational Responsibilities
- ◆ Accident Investigation/Reporting
- ◆ Emergency Response Plan
- ◆ New Hire and Annual Orientation
- ◆ Self-Inspection Program
- ◆ Substance Abuse
- ◆ Safety Program Goals
- ◆ General Safety Rules
- ◆ Disciplinary Policy
- ◆ Safety Training and Education
- ◆ Housekeeping

HAZARD IDENTIFICATION, EVALUATION AND CONTROL

- ◆ Compressed Air & Gas
- ◆ Material Handling and Storage
- ◆ Electrical Hazards
- ◆ Fall Protection
- ◆ Flammable Liquids
- ◆ Hazard Communication
- ◆ Lockout/Tagout Procedures
- ◆ Powered Industrial Trucks
- ◆ Respiratory Protection
- ◆ Stairways and Ladders
- ◆ Cadmium
- ◆ Process Safety Management Awareness
- ◆ Benzene
- ◆ Confined Space Entry
- ◆ Fire Protection/ Prevention
- ◆ Hand & Power Tools
- ◆ Machinery & Machine Guarding
- ◆ Personal Protection
- ◆ Recordkeeping
- ◆ Signs, Signals & Barricades
- ◆ Welding, Torch Cutting & Lancing
- ◆ Lead
- ◆ Hazwoper Awareness
- ◆ Steel Erection Awareness

MEDICAL PROGRAMS

- ◆ Bloodborne Pathogens
- ◆ Designated Health Care/ Return to Work
- ◆ Hearing Conservation/Protection

Subcontractor/Employee

Date

This form must be completed and signed before a subcontractor/employee is allowed to start work.