



SAFETY POLICY AND PROCEDURE MANUAL

NUMBER 5.0 – NEW HIRE SAFETY ORIENTATION

ATTACHMENT C - NEW HIRE ORIENTATION FOLLOW-UP FORM

Number: 5.0

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Employee Name: _____ Date: _____

Department: _____ Position: _____ Hire Date: _____

Training Partner (Print Name): _____ Supervisor (Print Name): _____

Signature: _____ Signature: _____

A copy of this completed follow-up form should be maintained in the employee's personnel file.

FOLLOW-UP REVIEW - Review with the employee to see if he/ she has questions regarding the following:

EMPLOYEE	SUPERVISOR	SAFETY ITEMS
		General Safety
		Housekeeping
		Proper PPE (Shoes, Glasses, Gloves, etc)
		Hazardous Conditions
		Hazardous Acts
		JHAT raining
		First Aid Stations
		Fire Extinguisher Locations
		Emergency Evacuations
		PinPoint Risk Assessment
		Safety and Housekeeping Inspection
		Accident Investigation and Reporting
		Other:
		Other:

EMPLOYEE	SUPERVISOR	OTHER POLICY ITEMS
		Attendance
		Productivity Goals
		Open Door Policy
		Hoisting Equipment
		Other:
		Other:

Employee Comments (if any): _____
