



CITY OF NORTH LITTLE ROCK

SAFETY ORIENTATION FORM

EMPLOYEE NAME _____ EMPLOYEE # _____

DEPARTMENT _____

JOB TITLE _____ DATE HIRED _____

CHECK ONE: NEW EMPLOYEE TRANSFER REHIRE PART-TIME TEMPORARY

CHECK COMPLETED ITEMS:

- 1. PURPOSE OF ORIENTATION
- 2. REPORTING ACCIDENTS TO SUPERVISOR
- 3. TOUR OF FACILITIES AND EQUIPMENT
- 4. FIRST AID
 - A. OBTAINING TREATMENT
 - B. LOCATION OF FACILITIES
- 5. POTENTIAL HAZARDS ON THE JOB
 - A. WHAT THEY ARE
 - B. HOW TO USE EQUIPMENT SAFELY
 - C. CARE AND USE OF PERSONAL PROTECTIVE EQUIPMENT
- 6. WHAT TO DO IN EVENT OF EMERGENCIES
 - A. EXITS LOCATION AND EVACUATION ROUTES
 - B. USE OF FIRE FIGHTING EQUIPMENT (EXTINGUISHERS/ HOSE)
 - C. SPECIFIC PROCEDURES (MEDICAL, CHEMICAL, FIRE, ETC.)
- 7. THE TOTAL SAFETY PROGRAM
 - A. FUNCTION
 - B. HEALTH AND SAFETY POLICIES AND PROCEDURES AND THEIR VALUE (COPY PROVIDED)
- 8. PERSONAL WORK HABITS
 - A. PROPER LIFTING TECHNIQUES
 - B. HORSEPLAY, GOOD HOUSEKEEPING, NO SMOKING POLICY
 - C. SAFE WORK PROCEDURE
- 9. VEHICLE SAFETY
- 10. CARE AND MAINTENANCE OF EQUIPMENT AND MACHINERY

I UNDERSTAND THE ABOVE ITEMS AND I BELIEVE THAT I CAN PERFORM MY ASSIGNED DUTIES IN A SAFE MANNER.

EMPLOYEE SIGNATURE _____ DATE _____

SUPERVISOR SIGNATURE