



CITY OF NORTH LITTLE ROCK

SAFETY ORIENTATION FORM

Employee name: _____ Employee ID # _____

Department: _____

Job title: _____ Date hired: _____

Check one: New employee Transfer 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 safely use equipment
 - C. Care and use of personal protective equipment (PPE)
- 6. What to do in the event of an emergency
 - A. Location of exits and evacuation routes
 - B. Use of firefighting equipment (extinguishers/hose)
 - C. Specific procedures (medical, chemical, fire, etc.)
- 7. The total safety program
 - A. Function
 - B. Health and safety policies/procedures and their value (copy provided)
- 8. Personal work habits
 - A. Proper lifting technique
 - 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 believe that I can perform my assigned duties in a safe manner.

Employee signature: _____ Date: _____

Supervisor signature: _____ Date: _____