

Alvin J. Coleman & Son, Inc.
New Employee Orientation Sheet

EMPLOYEE NAME:	DATE:	ORIENTATION GIVEN BY:
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SAFETY PROGRAMS AND PROCEDURE INFORMATION	YES	NO	N/A
Purpose and location of MSDS and HAZCOM program reviewed?			
First - Aid, medical treatment policy and company medical provider relationship reviewed?			
Incident reporting policy reviewed?			
Emergency procedures reviewed?			
Safety chain of command reviewed?			
Safety Committee approach to safety reviewed?			
Personal Protective Equipment Policy reviewed?			
equipment assigned:			
Hard hat			
Safety glasses with side shields			
safety harness (fall protection)			
Goggles			
Respirator			
Hearing protection			
Safety shoes			
Special protective clothing			
Return to work / light duty program reviewed?			
Company safety manual received and sign off sheet processed?			
Company discipline policy reviewed?			

EMPLOYEE SIGNATURE _____