

# TCR Construction

## EMPLOYEE SAFETY ORIENTATION CHECKLIST

Name of employee: \_\_\_\_\_ Hard Hat Sticker Number: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Foreman: \_\_\_\_\_

- Each item on this list was discussed in the safety orientation video that you have just seen.
- If you are unsure of how a particular expectation applies to you, ask your supervisor or the site Superintendent.
- By initialing and signing this form, it indicates your understanding of the rules and your expectations as it pertains to safety on this site.

Employee  
INITIAL

- |   |       |
|---|-------|
| 1. General safety awareness   | _____ |
| 2. Safety Violations  | _____ |
| 3. General safety rules.  | _____ |
| 4. Reporting of injuries.   | _____ |
| 5. Reporting of unsafe conditions/acts.                               | _____ |
| 6. First Aid/Medical facilities/Designated physician.                 | _____ |
| 7. Hazard Communication Program (location of written program and SDS) | _____ |
| 8. Emergency Response.  | _____ |
| 9. Slips, trips, and falls  | _____ |
| 10. Personal Protective Equipment (PPE)                               | _____ |
| 11. Excavations and trenches  | _____ |
| 12. Fall Protection   | _____ |
| 13. Silica Dust and silicosis   | _____ |
| 14. Hand and Power tools  | _____ |
| 15. Electrical Safety   | _____ |
| 16. Equipment Operation   | _____ |
| 17. Working Safe  | _____ |

Orientation Coordinator \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

# TCR Construction

## WORKER SAFETY ORIENTATION CHECKLIST

Nombre de empleado: \_\_\_\_\_

Hard Hat Sticker Number: \_\_\_\_\_

Nombre de empresa: \_\_\_\_\_

Foreman: \_\_\_\_\_

- Cada elemento de esta lista fue discutido en la orientación de seguridad.
- Si no está seguro de cómo una determinada expectativa se aplica a usted, pregúntele a su supervisor o al Superintendente del sitio.
- Al firmar y firmar este formulario, indica su comprensión de las reglas y sus expectativas en cuanto a seguridad en este sitio.

	Employee INITIAL
1. General safety awareness	_____
2. Safety Violations	_____
3. General safety rules.	_____
4. Reporting of injuries.	_____
5. Reporting of unsafe conditions/acts.	_____
6. First Aid/Medical facilities/Designated physician.	_____
7. Hazard Communication Program (location of written program and SDS)	_____
8. Emergency Response.	_____
9. Slips, trips, and falls	_____
10. Personal Protective Equipment (PPE)	_____
11. Excavations and trenches	_____
12. Fall Protection	_____
13. Silica Dust and silicosis	_____
14. Hand and Power tools	_____
15. Electrical Safety	_____
16. Equipment Operation	_____
17. Working Safe	_____

Orientation Coordinator \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_