



New Employee Safety Orientation Checklist

Part I

To be completed by the Administrative Officer, the Collateral Duty Safety Officer, or Personnel.

Present employee with copies of the following applicable safety directives, procedures, and policies:

Employee Name: _____

Present employee with copies of the following applicable safety directives, procedures, and policies:		Yes	No	N/A
ADS-2	Safety and Occupational Health Management Program			
ADS-7	Motor Vehicle Management			
ADS-14	Aviation Safety Program			
485 DM	DOI Safety & Health Handbook			
350-354 DM & OPM's	OAS Aviation Policy			
FY Safety Management Program Action Plan				
Safety Policy Statements				
⇒ Secretary DOI				
⇒ Director OSM				
⇒ Respective Office				
Explain the Following		Yes	No	N/A
(1) Personal Protective Equipment				

⇒ Hard Toe Safety Boots			
⇒ Safety Glasses			
⇒ Reflective Vests			
⇒ Rain Gear			
⇒ NOMEX Flight Suit/Gloves/Helmet/Leather			
⇒ Boots			
⇒ Gloves for Chemical Handling			
⇒ Hard Hat			
⇒ Ear Plugs/Muffs			
⇒ Parkas			
⇒ Snake Leggins			
⇒ Field Gloves			
⇒ Rubber Boots			
⇒ Latex Gloves			
⇒ Other:			
⇒ Other Safety Items Available			
⇒ Fire Extinguisher			
⇒ First Aid Kit			
⇒ Flares			
⇒ Flash Light			
⇒ Insect Repellant			
⇒ Other:			
⇒ How To Obtain PPE/Safety Items			
(2) Medical Examinations for Surface Mining Reclamation Specialists			
⇒ Requirements			
⇒ Procedures			
(3) Use of Government Vehicles			
⇒ Safety Inspections Required Prior to Use (Tires, Brakes, Lights, etc.)			
⇒ Accidents (Report Requirements)			
⇒ Verify Employee has a Valid Driver's License (Annually)			
⇒ License #	State:	Expiration Date:	
(4) Worker's Compensation Claim			
⇒ How to File an Accident Claim			
⇒ Accident Reporting Requirements			
(5) Employee Assistance Program			
⇒ Who May Use the Program			
⇒ Contracted Vendor's Name and Telephone Number			
⇒ Confidentiality of Program			
Explain the Following	Yes	No	N/A
(6) Occupational and Safety Hazards			

(7) Reporting of Safety Hazards Anonymously			
⇒ Use of 3X5 Card or Sheet of Paper Date: Location: Description of Hazard:			
⇒ May be Reported Via Telephone			
(8) Material Safety Data Sheets			
(9) Smoking			
⇒ OSM / Field Office Smoking Policy			
⇒ Cessation Training Provided / How to request Training			
(10) Building Emergency Procedures			
(11) Provide Names, Location, and Telephone Numbers of Bureau Safety Manager, DASHO, and CDSO			
(12) Discuss Other Training Offered:			
⇒ FY Individual Office Training Plan			
⇒ Defensive Driving			
⇒ Aircraft (Helicopter and Fixed Wing)			
⇒ CPR			
⇒ 4X4 Driving			
⇒ Surface Mine Safety			
⇒ First Aid			
⇒ AIDS Awareness			
⇒ Hazardous Communications			
⇒ Drug Awareness			
⇒ Supervisory Safety Orientation Training			
⇒ Ergonomics			
⇒ Slips, Trips, and Falls			
⇒ Watercraft Safety			
⇒ Other:			
<p>I have received the above training and understand the rules and my responsibilities of the safety and health program.</p> <p>Employee Signature:</p> <p style="text-align: center;">Date:</p>			
<p>Collateral Duty Safety Officer Signature:</p> <p style="text-align: center;">Date:</p>			

Part II To Be Completed by Supervisor	Yes	No	N/A
(1) Arrange for Employee to View Helicopter Videos			
(2) Discuss Specific PPE Requirements of the Employee's Duties			
(3) Provide Sufficient GOV Training (4X4) Prior to Sending Employee to the Field			
(4) Arrange for Field Employees to View Video "How to Winch Safely"			
(5) Provide Information to Field Employees Regarding Poisonous Snakes, Ticks, Spiders, etc. (Procedures for First Aid Treatment)			
(6) Use of Cell Phone for Safety Purposes			
(7.) Supervisor's Role in Safety and How They Will Assist the Employee			
(8) Provide Specific Information on Mine Site Hazards and Necessary Safety Precautions			
(9) Procedures on Returning Back to the Office After Normal Working Hours			
(10) Any Other Specific Safety Information Relative to Employee Duties? Explain:			
<p>I have received the above training and understand the rules and my responsibilities of the safety and health program.</p> <p>Employee Signature:</p> <p style="text-align: center;">Date:</p>			
<p>Supervisor Signature:</p> <p style="text-align: center;">Date:</p>			
<p>Copy Mailed to Bureau Safety Manager Copy Personnel File</p>		<p>Date:</p>	