



Safety Orientation Checklist

Prepared By: **Safety Administrator**
Approved by: **Executive of Department**
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Name: _____
Home Phone: _____ Cell #: _____
Emergency Contact Name: _____ Relationship: _____
Phone #: _____

Site Location: _____
Site Manager: _____
 Leeward Employee Contractor Subcontractor Visitor
Company: _____

CHECK EACH ITEM AS IT IS EXPLAINED TO YOU:
INITIAL TRAINING ON THE HEALTH AND SAFETY PROGRAM INCLUDE:

- Reporting safety concerns and the right to ask any question, or report any safety hazard, either directly or anonymously without any fear of reprisal.
- Stop Work Authority
- Reporting Occupational Incidents – Injuries, Illnesses, Vehicle or Equipment Damage, Near Misses and Hazardous Conditions.
- Emergency Action Plan and Emergency Contact Numbers

HAZARD COMMUNICATION
The potential occupational hazards in the work area and safe work practices and/or personal protective equipment required for my job title/assigned tasks can include but are not limited to (Please check those that apply):

Applicable Leeward programs must be reviewed before beginning work. Document review on SAF.8018 Host and Contractor Responsibilities Information Exchange form

<input type="checkbox"/> Electrical Hazards	<input type="checkbox"/> LOTO	<input type="checkbox"/> Confined Space
<input type="checkbox"/> Environmental Spills (SPCC)	<input type="checkbox"/> Fall Protection	<input type="checkbox"/> Electrical Hazards
<input type="checkbox"/> Cranes & Forklifts	<input type="checkbox"/> Office Area Hazards	<input type="checkbox"/> Driving
<input type="checkbox"/> Chemicals (SDS)	<input type="checkbox"/> Weather	<input type="checkbox"/> Personal Protective Equipment
<input type="checkbox"/> Other: _____		
<input type="checkbox"/> Other: _____		

This is to acknowledge that I have reviewed the Leeward Safety Orientation. I understand that it contains important information on the general safety policies of the Company and on my privileges and obligations as a person working at this facility or visiting.

I will familiarize myself with the material in the Safety Orientation as well as applicable Leeward policies and procedures and understand that I am governed by its contents. I further understand that neither this Safety Orientation nor any other communication by a management representative is intended to in any way create a contract of employment, either express or implied.

SIGNATURE: _____ **DATE:** _____

I, Site Manager, hereby certify that this employee/contractor/visitor has reviewed the items checked on this form.

SIGNATURE: _____ **DATE:** _____