HIRE UP staffing

Client Safety & Orientation Form

Name of Company: _____

Position: _____

Employee's Start Date: _____ Date of Orientation: _____

Person providing orientation (Name & Title): _____

TOPIC	INITIALS (TRAINER)	INITIALS (EMPLOYEE)	COMMENTS
Tasks and Duties of the worker:			
Training provided / certifications:			
Workplace safety rules:			
Locations of First Aid / Eye Wash:			
How to report an injury, illness, incident or near miss:			
Personal Protective Equipment (PPE) required and who provides it:			
Other training / topics covered:			

Employee's Signature: _____ Date: _____

Trainer Signature: _____ Date: _____