**SITE-SPECIFIC ORIENTATION CHECKLIST**

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| --- |
| **Worker Information** |
| Name: | Date of arrival: |
| Company: | Position: |
| **Tickets and Permits** |
| [ ]  Confirmed required tickets are up to date[ ]  Confirmed required Safe Work Permits are in order |
| **Current Site Conditions** |
| [ ]  Review key Conditions including:* hazards specific to the job site
* hazards specific to the task at hand
* H2S / hazardous materials
 | [ ]  Review as appropriate:* Current Contractors on site, including concurrent work activities
* Recent wildlife reports
* Current activities
* Parking / staging area
* Current local weather concerns
 |
| **Introductions and Tools** |
| [ ]  Give introductions to site management and other contractors if present. |
| [ ]  Tour of location, including:  | * Bathrooms
* Lunchroom
* Safety bulletin board
* First Aid Station/medic trailer
* Air trailer
* Site-Specific Rules
 | * Emergency exits and supplies
* Emergency procedures
* Fire Protection equipment
* SCBA equipment
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

By signing below I acknowledge that I was provided with information necessary to operate on this site in a safe manner and will comply with <Company> Safety Program

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,20\_\_\_

Worker Name Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,20\_\_\_

Supervisor Name Signature Date