

SITE-SPECIFIC ORIENTATION CHECKLIST

Worker Information			
Name:		Date of arrival:	
Company:		Position:	
Tickets and Permits			
☐ Confirmed required tickets are up to	o date		
☐ Confirmed required Safe Work Perr	mits are in order		
Current Site Conditions			
Review key Conditions including:	☐ Review as approp	oriate:	
 hazards specific to the job site hazards specific to the task at hand H2S / hazardous materials 	 □ 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 boar □ First Aid Station/me □ Air trailer □ Site-Specific Rules 	edic trailer	98
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 </company>			
Supervisor Name	Signature	,20 Date	