



TEMPORARY ASSOCIATES ORIENTATION CHECKLIST

New Hire Interplant Transfer Temporary Transfer Other Agency Temp

Employee Name: _____ Job Title: _____ Department: _____

Instructions Given by [List all that apply] _____

Date Covered	Topic	Initials (Supervisor/Employee)	
1.	Meet and Greet		
_____	Associates Orientation Process	_____	_____
_____	Hours of Work	_____	_____
_____	Washrooms/Lunch rooms	_____	_____
_____	Personal Telephone Calls	_____	_____
_____	Building Access	_____	_____
_____	Attendance and Punctuality	_____	_____
_____	Glasses and Contact Lenses	_____	_____
_____	Parking	_____	_____
_____	Smoking	_____	_____
_____	Jewelry	_____	_____
_____	Drugs and Alcohol	_____	_____
2.	EHS		
_____	EHS Charter	_____	_____

3. Initial Key Safety, Health & Environmental Topics

_____	General Safety Rules	_____	_____
_____	Personal Protective Equipment	_____	_____
_____	Reporting of Incidents	_____	_____
_____	Alarms and Emergency Procedures	_____	_____
_____	Safe Lifting Procedures	_____	_____
_____	Grounding and Bonding	_____	_____
_____	Lockout / Tagout	_____	_____
_____	Housekeeping	_____	_____
_____	Trailer Loading / Unloading Procedure	_____	_____
_____	Forklift Training	_____	_____
_____	Pedestrian Traffic Rules	_____	_____
_____	Slips, Trips and Falls	_____	_____