

**SUPERVISOR'S CHECKLIST FOR NEW EMPLOYEE ORIENTATION
CAL POLY CORPORATION HUMAN RESOURCES**

Employee _____

Date Employed _____

Supervisor _____

Department _____

I. Conditions of Employment

- | | |
|--|--|
| <input type="checkbox"/> Job Duties | <input type="checkbox"/> Drug-Free Workplace |
| <input type="checkbox"/> Pay Rates and Increases | <input type="checkbox"/> Time Cards |
| <input type="checkbox"/> Work Standards | <input type="checkbox"/> Attendance & Punctuality |
| <input type="checkbox"/> Performance Reviews
(complete performance weights) | <input type="checkbox"/> Reporting Absences |
| <input type="checkbox"/> Hours of Work | <input type="checkbox"/> Use of Telephone |
| <input type="checkbox"/> Lunch Hours | <input type="checkbox"/> Accident Reporting |
| <input type="checkbox"/> Break Periods | <input type="checkbox"/> Holiday/Vacation |
| | <input type="checkbox"/> Supervisor's Safety Orientation
Checklist (on reverse) |

II. Facilities and Human Resources

- | | |
|---|--|
| <input type="checkbox"/> Introduction to Fellow Employees | <input type="checkbox"/> First Aid Kit |
| <input type="checkbox"/> Shop Equipment | <input type="checkbox"/> Restrooms |
| <input type="checkbox"/> Tools and Supplies | <input type="checkbox"/> Eating Areas |
| <input type="checkbox"/> Safety Equipment | <input type="checkbox"/> Parking Areas |
| <input type="checkbox"/> Evacuation Route | <input type="checkbox"/> Payroll Information Form
(return to Human Resources) |

I certify that information regarding the above items has been explained to me.

Employee Signature

Date

Orientation regarding these items was provided to the above-named employee.

Supervisor Signature

Date

Supervisor's Safety Orientation Checklist

- _____ General Safety Rules (page 4 of Safety Manual)
REGULAR EMPLOYEES - sign and return with letter of offer
STUDENTS AND INTERMITTENT EMPLOYEES - keep signed copy with department files

- _____ Orientation to Safety Manual (where it is kept, employee access, etc.).

- _____ Training regarding specific hazards on the job.

- _____ Material Safety Data Sheet Training (what they are, where they are kept, employee access, emergency procedures).

- _____ Emergency evacuation routes and procedures. Specific Department meeting areas.

- _____ Accident/injury/illness procedures. Notification of Supervisor. Medical treatment procedures, reporting requirements.

- _____ First Aid kits and Fire Extinguishers -- locations and use.

- _____ Safety concerns: Where and how to report concerns without fear of reprisal.

- _____ Automobile and forklift training (where applicable)

Complete, sign and return this form to Cal Poly Corporation Human Resources