

## SITE-SPECIFIC ORIENTATION CHECKLIST

Worker Information		
Name: Brian Wilson		Date of arrival: November 22, 2018
Company: Bubba's Mobile Tire Repair		Position: Tow Truck Driver
Tickets and Permits		
<input checked="" type="checkbox"/> Confirmed required tickets are up to date		
<input checked="" type="checkbox"/> Confirmed required Safe Work Permits are in order		
Current Site Conditions		
<input checked="" type="checkbox"/> Review key Conditions including: <input checked="" type="checkbox"/> Hazards specific to the job site <input checked="" type="checkbox"/> Hazards specific to the task at hand <input type="checkbox"/> H2S / hazardous materials		
<input type="checkbox"/> Review as appropriate: <input checked="" type="checkbox"/> Current Contractors on site, including concurrent work activities <input type="checkbox"/> Recent wildlife reports / sightings <input checked="" type="checkbox"/> Current activities <input checked="" type="checkbox"/> Parking / staging area <input type="checkbox"/> Current local weather concerns		
Introductions and Tools		
<input checked="" type="checkbox"/> Give introductions to site management and other contractors if present.		
<input checked="" type="checkbox"/> Tour of location, including:	<input checked="" type="checkbox"/> Bathrooms <input type="checkbox"/> Lunchroom <input type="checkbox"/> Safety bulletin board <input checked="" type="checkbox"/> First Aid Station/medic trailer <input type="checkbox"/> Air trailer <input checked="" type="checkbox"/> Site-Specific Rules	<input checked="" type="checkbox"/> Emergency exits and supplies <input checked="" type="checkbox"/> Emergency Response Procedures <input type="checkbox"/> Fire Protection equipment <input type="checkbox"/> SCBA equipment <input checked="" type="checkbox"/> Hazard, Incident & Near Miss Reporting <input type="checkbox"/> 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 ABC Widgets Safety Program

\_\_\_\_\_  
Jane Doe  
Worker Name

\_\_\_\_\_  
Jane Doe  
Signature

\_\_\_\_\_  
22-Nov, 2018  
Date

\_\_\_\_\_  
Carl Larc  
Supervisor Name

\_\_\_\_\_  
Carl Larc  
Signature

\_\_\_\_\_  
November 22, 2018  
Date