

SAFETY ORIENTATION RECORD

Employee Name: _____ **Date:** _____
Company: _____ **Trade:** _____
Jobsite: _____ **Orientation By:** _____

ORIENTATION TOPICS COVERED

General Safety

- Company safety policy and IIPP overview
- Employee rights and responsibilities
- Hazard reporting procedures (without fear of reprisal)
- Emergency procedures, evacuation routes, assembly point
- First aid kit and fire extinguisher locations
- Incident and injury reporting requirements
- PPE requirements and proper use
- Housekeeping and site access rules

California-Specific Requirements

- written Injury and Illness Prevention Program (IIPP) required for all employers (Cal/OSHA T8 Section 3203)
- written safety program required (Cal/OSHA T8 Section 3203)
- written IIPP for all employers (MANDATORY - federal only recommends) (T8 CCR 3203)
- responsible person, hazard ID system, hazard correction, training/communication, recordkeeping, compliance methods, emp
- shade access at 80F, high-heat procedures at 95F, 1 quart/hour/employee water, acclimatization plan for first 14 days,

Additional Regulatory Requirements

- written plan and training when AQI for PM2.5 above 151; N95 respirators encouraged at AQI 151+, required at AQI 500+; e
- written plan and training when AQI for PM2.5 forecasted above 151; N95 respirators provided; engineering controls (encl
- worksite evaluation, exposure controls (engineering and administrative), and employee training (Cal/OSHA T8 Section 511
- responsible person, hazard ID system, hazard correction, training/communication, recordkeeping, compliance methods, emp
- additional operator training, certification, and inspection beyond federal Subpart CC (T8 CCR 1610.5)
- responsible persons, hazard ID/evaluation, hazard correction, training, incident log, emergency response, post-incident

SITE-SPECIFIC INFORMATION

Emergency assembly point location: _____
 Nearest hospital / medical facility: _____
 First aid kit location: _____
 Fire extinguisher locations: _____
 Site access/egress points: _____
 Restricted areas: _____
 Site superintendent name and contact: _____

EMPLOYEE ACKNOWLEDGMENT

I confirm that I have received a safety orientation for this jobsite, understand the hazards and safety requirements, and have had the

opportunity to ask questions.

Employee Signature: _____ Date: _____

Orientation By: _____ Date: _____

SAMPLE