Residential construction orientation checklist

Once you have discussed or demonstrated a topic, initial the item then have your worker initial it as well. If an item does not apply, mark “N/A” beside it.

Orientation and training topic		Initials (employer)	Initials (worker)
1. Supervisor name: _____ Phone #: _____ Worker name: _____ Phone #: _____ Employer name: _____ Job site: _____ Date of documentation: _____			
2. Rights and responsibilities	General duties of employers, supervisors, and workers		
	Worker’s right to refuse unsafe work		
	Worker’s responsibility to report hazards/unsafe work		
	Worker’s right to orientation and training and additional training upon request		
3. Workplace health and safety rules	Fall protection systems in use on this site Guard rails ☐ Yes ☐ No Fall restraint ☐ Yes ☐ No Fall arrest ☐ Yes ☐ No Control zone ☐ Yes ☐ No Approved work procedures ☐ Yes ☐ No		
	Is a written fall protection plan required? ☐ Yes ☐ No Worker knows about the plan and where it can be found		
	Worker understands housekeeping rules		
	Worker understands after-hours work safety rules		
	Supervision and progressive discipline		
	Other (e.g., operating equipment safely)		
4. Workplace hazards that workers may be exposed to	Hazardous materials on construction site (e.g., asbestos, silica dust)		
	Excavations (e.g., trenches, shoring)		
	Ladders		
	Falls (other than ladders; e.g., roof and floor openings)		
	Other hazards (e.g., exposure to power lines; risk of robbery, assault, or confrontation)		

Orientation and training topic		Initials (employer)	Initials (worker)
5. Procedures for working alone or in isolation			
6. Measures to reduce risk of violence in the workplace and how to deal with violent situations			
7. Personal Protective Equipment (what to use, when to use it, where to find it)	Selection, use, and maintenance		
	Footwear		
	Hardhat		
	Work gloves		
	Hearing protection		
	Leg protection		
	High visibility apparel		
	Face and eye protection		
	Respiratory protection		
	Other clothing		
8. First aid	First aid attendant's name: _____ Phone _____		
	Location of first aid kit and eye wash facilities		
	How to report an illness, injury, or accident (including near misses)		
9. Emergency procedures (e.g., evacuation procedures, emergency exits, meeting points, location/demonstration of fire alarms and fire extinguishers)			
10. Instruction/demonstration of work tasks/processes	List of safe work procedures that the worker has been oriented in		
11. Health and safety program (if one is required, explain what it covers and where a written copy can be found)			
12. Hazard Communications/ Safety Data Sheets (SDS)			
13. Health and safety committee or worker health and safety representative Safety contact's name: _____ Phone number:_____			

IMPORTANT:
Employers should keep records of all orientation and training provided including materials used for instruction and training. Copies of training and orientation documentation should be retained by both the employer and the worker. Please note that completing this checklist on its own does not constitute training.