



Worksite Orientation Checklist

(To Be Conducted By Immediate Supervisor)

Employee Name: _____

A. *Physical Surroundings*

Date Completed

Initials

- | | | |
|---|-------|-------|
| a) Tour of Building/Work Site/Work area | _____ | _____ |
| b) Time Clock, if applicable | _____ | _____ |
| c) Supplies Location | _____ | _____ |
| d) Fire Exits and Fire Extinguishers | _____ | _____ |
| e) Introduction to Fellow Employees | _____ | _____ |
| f) Eating/Break Facilities | _____ | _____ |
| g) Computer Access | _____ | _____ |
| h) Wash Rooms | _____ | _____ |
| i) Security (Cards, Keys, etc.) | _____ | _____ |
| j) Location and use of Bulletin Boards | _____ | _____ |
| k) Gasoline Access, if applicable | _____ | _____ |
| l) Parking Facilities | _____ | _____ |

B. *Overview of Work Unit*

Date Completed

Initials

- | | | |
|---|-------|-------|
| a) Mission/Values of the Organization, Department, Division | _____ | _____ |
| b) Organizational Structure of Organization, Department, Division | _____ | _____ |
| c) Employee's Duties and Responsibilities | _____ | _____ |
| d) Customer Service Expectations (CAM Model)/Empowerment | _____ | _____ |

C. *Performance*

Date Completed

Initials

- | | | |
|----------------------------|-------|-------|
| a) Performance Standards | _____ | _____ |
| b) Performance Evaluations | _____ | _____ |

D. *Work Location/Hours of Work*

Date Completed

Initials

- | | | |
|---------------------------|-------|-------|
| a) Work Location | _____ | _____ |
| b) Working Hours | _____ | _____ |
| c) Work Week and Days off | _____ | _____ |
| d) Work Schedule Changes | _____ | _____ |
| e) Overtime | _____ | _____ |
| f) Call-back/On-Call | _____ | _____ |
| g) Lunch | _____ | _____ |
| h) Breaks | _____ | _____ |

i) Requesting Time Off _____

j) Pay _____

E. Pay	Date Completed	Initials
---------------	----------------	----------

a) Pay Days _____		
-------------------	--	--

b) Responsibility to Review Pay Check _____		
---	--	--

c) Reporting Inaccuracies _____		
---------------------------------	--	--

F. Training/Safety	Date Completed	Initials
---------------------------	----------------	----------

a) Required Training _____		
----------------------------	--	--

b) Other Training Opportunities _____		
---------------------------------------	--	--

c) Safety _____		
-----------------	--	--

d) Hazardous Communication Act (MANDATORY: Complete Part B on Haz. Comm. Training Form) _____		
---	--	--

e) Emergency Response Plan _____		
----------------------------------	--	--

E. Other Departmental/City Regulations	Date Completed	Initials
---	----------------	----------

a) Identification Card _____		
------------------------------	--	--

b) Dress Code/Personal Appearance for Position/Uniforms _____		
---	--	--

c) Drug and Alcohol Free Workplace _____		
--	--	--

d) Tobacco Use _____		
----------------------	--	--

e) Use of City Vehicle _____		
------------------------------	--	--

f) Use of Personal Vehicle _____		
----------------------------------	--	--

g) Vehicle or Equipment Accidents _____		
---	--	--

h) Personal Use of City Equipment _____		
---	--	--

i) Use of Personal Equipment on the Job _____		
---	--	--

j) Corrective Discipline _____		
--------------------------------	--	--

k) Grievance Procedure _____		
------------------------------	--	--

l) Duty to Notify if Arrested _____		
-------------------------------------	--	--

The above items have been explained and all questions have been answered (within ten days after employment, supervisor should **forward completed check list to Human Resources** for filing in personnel folders.) Employee should be given a copy of this checklist. A copy may also be kept for supervisor's records.

Print Name and Signature of Employee

Date

Print Name and Signature of Supervisor

Date