

Manufacturing New Employee Onboarding Checklist (US)

Onboarding & Training | US

ASSOCIATE NAME	DEPARTMENT / LINE	START DATE ____ / ____ / ____	SUPERVISOR
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COMPLIANCE

- | | |
|--|--|
| <input type="checkbox"/> I-9 verified | <input type="checkbox"/> Emergency contact |
| <input type="checkbox"/> W-4 and state forms | <input type="checkbox"/> Handbook signed |
| <input type="checkbox"/> Direct deposit | <input type="checkbox"/> PPE issued |

OSHA SAFETY

- | | |
|---|--|
| <input type="checkbox"/> Plant tour — layout and zones | <input type="checkbox"/> PPE by zone — eyes, ears, feet, hands |
| <input type="checkbox"/> Fire exits and assembly area | <input type="checkbox"/> Ergonomic / safe lifting |
| <input type="checkbox"/> Machine guarding — never remove or bypass
<small>29 CFR 1910.212</small> | <input type="checkbox"/> Incident / near-miss reporting |
| <input type="checkbox"/> LOTO awareness — stay clear during lockout
<small>29 CFR 1910.147</small> | <input type="checkbox"/> First aid / AED locations |
| <input type="checkbox"/> HazCom / GHS — SDS binder location
<small>29 CFR 1910.1200</small> | <input type="checkbox"/> Hearing protection zones |

MACHINE & QUALITY

- | | |
|--|---|
| <input type="checkbox"/> Machine orientation — controls and E-stop | <input type="checkbox"/> Defect ID and escalation |
| <input type="checkbox"/> Start-up and shutdown | <input type="checkbox"/> Scrap / rework procedure |
| <input type="checkbox"/> Quality specs and acceptance criteria | <input type="checkbox"/> Housekeeping — 5S expectations |

SIGN-OFF

- Trainer assigned
- Supervised shifts completed
- Week 1 check-in held

Development areas

Associate signature _____

Supervisor signature _____

Notes

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