

Temporary Worker Orientation Checklist

Onboarding & Training

DATE	WORKER NAME	AGENCY	ASSIGNMENT / TASK	SUPERVISOR
___ / ___ / ____				

SITE ESSENTIALS

- | | |
|---|--|
| <input type="checkbox"/> Reporting location and supervisor identified | <input type="checkbox"/> Toilets, break room, and drinking water |
| <input type="checkbox"/> Working hours and break times | <input type="checkbox"/> Restricted areas identified |
| <input type="checkbox"/> Sign-in / sign-out procedure | <input type="checkbox"/> Mobile phone and smoking policy |

SAFETY & EMERGENCY

- Site-specific hazards explained
- Emergency evacuation route shown
- Assembly point identified
- Fire alarm sound identified
- First aid kit and first aider location
- How to report an injury or hazard

PPE

- Required PPE explained

 Worker has all required PPE Yes Issued On Site

 PPE fits correctly Yes Adjusted

 PPE use demonstrated if needed Done N/A

TASK BRIEFING

- Specific tasks for today explained
- Safe work method demonstrated
- Equipment to be used explained and checked
- Who to ask if unsure about anything
- Quality expectations explained

ACKNOWLEDGEMENT

- Worker confirms understanding of all points

Worker signature _____

Supervisor signature _____

Notes

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