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| \\cgi.int\mact\Company\Card_logo_CT-NO-tag-SM1111.gif | **NEW HIRE SAFETY ORIENTATION**  **CHECKLIST** | Document Identification  MACT-SAF-19 |
| 630 Derby Street Mount Airy NC 27030 |
| Initial: 5-8-18 | Written By: Patrick Fritze |  |
| Last Revision: 3/25/2024 | SAFETY Department |

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| **EMPLOYEES’S INFORMATION** | | | |
| **Employee’s Name** | |  | |
| **Department Assigned** | |  | |
| **Supervisor** | |  | |
| **Date of Orientation** | |  | |
|  | **MACT SAFETY REQUIREMENTS (SAFETY ORIENTATION)** | | INITIALS |
|  | Safety Manager reviews with Employee: | |  |
| 1 | Safety Policy (Vision): Employee Responsibilities Review | |  |
| 2 | Copy of Safety Policy (Vision) | |  |
| 3 | Copy of OSHA Rights | |  |
| 4 | Copy of Evacuation Map | |  |
| 5 | Copy of First Responders | |  |
| 6 | Personal Protective Equipment Required | |  |
|  | * Assign designated PPE for job | |  |
|  | * Hard hats | |  |
|  | * Eddys | |  |
|  | * Safety glasses with side shields/goggles | |  |
|  | * Face shields | |  |
|  | * Hearing protection | |  |
|  | * Safety shoes | |  |
|  | * Respirators | |  |
|  | * Fall protection equipment | |  |
|  | * Appropriate Gloves (cut, chemicals, or electrical protection etc.) | |  |
|  | * Keel Pullovers/ Aprons/ Chaps | |  |
| 7 | Safe Work Practices Discussion: | |  |
|  | * Hearing Protection Requirements | |  |
|  | * Respiratory Protection | |  |
|  | * LOCKOUT/TAGOUT | |  |
|  | * Electrical Safe Work Practice | |  |
|  | * Machine hazards | |  |
|  | * Hot Work Permit Requirements | |  |
|  | * Confined Space Entry Permit Requirements | |  |
|  | * Fall Protection | |  |
|  | * Hoist and crane safety | |  |
|  | * Walking and Working Surfaces (catwalk, ladder, and stair safety) | |  |
|  | * Use of Power Industrial Vehicles (access, speed and traffic rules) | |  |
|  | * Slippery Floors with the interleaving Powder (Lucite) | |  |
| 8 | Incident/Accident Investigation | |  |
| 9 | Bloodborne Pathogens | |  |
| 10 | Hazard Communication (SDS) | |  |
| 11 | Emergency Procedures (Fires, tornados, active shooter spills, etc.) | |  |
| 12 | MACT Specific Policies | |  |
| 13 | Training Requirements | |  |
| 14 | Job Hazard Analysis Requirements | |  |
| 15 | Eye wash station locations | |  |
| 16 | Plant Safety Tour, includes emergency exits, assembly area locations and Fire extinguisher locations & PASS method | |  |
| 17 | Glass Handling Hazards- view “Introduction to Glass Handling Safety” video | |  |
| 18 | Conveyor Safety Video | |  |

Employee’s Name: Sign:

Safety Orientation Conducted by: Date:

MACT Coordinator Signature