

APS New Employee Orientation Checklist

(Initiated by the Supervisor on the first day of employment. Must be completed within 3 working days.)

Employee Name: _____ Badge # _____
Division and Group: _____ Phone: _____
Building Location: _____ Supervisor: _____

General Safety Information

(To be filled out by Supervisor)

ESH 108 Building Specific Safety (Check if required)		Completion Date:
Building 382	Req'd <input type="checkbox"/>	_____
Building 400	Req'd <input type="checkbox"/>	_____
LOM-ALL	Req'd <input type="checkbox"/>	_____
LOM-SPECIFIC	Req'd <input type="checkbox"/>	_____
Scheduled Required Training: (Check if required)		Scheduled Date:
ESH114	Req'd <input type="checkbox"/>	_____
ESH371	Req'd <input type="checkbox"/>	_____
ESH707	Req'd <input type="checkbox"/>	_____
GERT	Req'd <input type="checkbox"/>	_____
ASD125	Req'd <input type="checkbox"/>	_____
ASD102	Req'd <input type="checkbox"/>	_____
ASD115	Req'd <input type="checkbox"/>	_____

Date: _____

Supervisor Hazard Awareness Walkthrough: _____
Job Hazard Questionnaire to TMS Rep.: _____
PPE Information Req'd _____
(Stock Room, Safety Shoes, Safety Glasses, Hearing Protection, Gloves, etc.)

Introduction to TMS and Safety on the WWW:

(To be filled out by TMS Representative)

Date: _____

Introduction to TMS: _____
(Profiles, JHQ, e-mail, Scheduling, CBT, etc.)
Safety Training on the WWW: _____
Safety Information on the WWW: _____
(ANL ESH Manual, MSDS, Procedures, Operations, etc.)

APS Safety Programs

(SMART, COATS, Emergency Preparedness, Hazard Description, Special Order Items, Chemical Management, etc. *To be filled out by ESH Coordinator*)

APS Quality Assurance Program

(QAR Overview of APS Mission, Quality Assurance Policy, Quality Assurance Program Plan, division-specific quality procedures, and Quality Assurance forms. Presentation of Quality Assurance package containing APS Quality Assurance Program Plan, division-specific quality procedures, and QA forms.)

Date: _____

Quality orientation completed: _____

ESH Coordinator Signature: _____
TMS Representative Signature: _____
QAR Signature: _____
Supervisor Signature: _____
Employee Signature: _____

Copies to Div. ESH Office, Supervisor, TMS Representative, Employee