**Orientation checklist includes occupational safety and work ability matters**

Starting date of employment: Starting date of orientation:

Name of new employee:

Work tutor(s):

**Important names and phone numbers:**

Management:

Work tutor:

|  |  |  |
| --- | --- | --- |
| Orientation matters | Please sign when matter dealt through | |
| Employment, occupational healthcare and work place | **Work tutor** | **New employee** |
| Work hours and shifts, breaks, overtime, teleworking, vacations, trial/probationary period and its meaning, salary, Employee benefits etc. |  |  |
| Communication practices of work place (meetings, newsletters, other communication channels, initiatives) |  |  |
| Occupational healthcare arrangements  Location, contact information, agreement of occupational healthcare, pre-recruitment medical examination |  |  |
| Informing of sick leaves and occupational accidents |  |  |
| Ground rules of work place (avoidance of harassment and inappropriate conduct, substance abuse program) |  |  |
| Introduction of occupational health and safety manager, occupational health and safety representative and other people related to work protection of occupational health and safety at work place |  |  |
| Access control and alarm systems |  |  |
| Walkways and emergency exits |  |  |
| Outdoor traffic |  |  |
| Social and recreational facilities |  |  |
| Ensuring Work Safety and Work Ability | **Work tutor** | **New employee** |
| Safety objectives and measures, audits |  |  |
| Safety meetings, safety walks |  |  |
| Safety trainings and permissions (hot work, working with forklift trucks, lifting work etc.) |  |  |
| Reporting near misses, hazards etc.  (statutory obligation for workers) |  |  |
| PPE - Personal Protective Equipment (requirements, usage, contact person for PPE) |  |  |
| Maintenance and storage of PPE |  |  |
| Work clothes, shoes and gloves (maintenance of work clothes and contact person) |  |  |
| Description of processes, risk factors related to the work tasks and safety instructions (in all different work phases) |  |  |
| Specified work station and safety instructions |  |  |
| Machines and devices and their maintenance |  |  |
| Actions in machine or device malfunction |  |  |
| Scaffolding, ladders, lifts and their safety |  |  |
| Chemicals and dangerous substances for health (usage, storage, safety data sheets etc.) |  |  |
| Ergonomics (ergonomic working methods, lifting heavy objects and using lifting tools etc.) e |  |  |
| Looking after tidiness and order, hygienic instructions |  |  |
| Recycling (waste bins and hazardous waste ) |  |  |
| Actions in problematic and exceptional situations | **Work tutor** | **New employee** |
| First aid instructions, trainings and equipment (contact person) |  |  |
| Fire safety instructions, emergency plans, layouts |  |  |
| Fire extinguishers and how to use them in case of emergency |  |  |
| Hot work places |  |  |
| Actions in case of an occupational accidents, commuting accidents or illnesses and seizures |  |  |
| Actions in problematic, exceptional, special or emergency situations (for example a car accident or property damage) |  |  |
| Actions in threatening customer situations |  |  |
| Working alone |  |  |
| Ensuring work ability | **Work tutor** | **New employee** |
| Work ability measures and surveys, development discussions |  |  |
| Early intervention |  |  |
| Development of skills and competence |  |  |
| Hobby and recreational activities sponsored by employer |  |  |
| Personnel services and benefits |  |  |

❒The matters on orientation checklist have been gone through with work tutor(s)

Date:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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❒ **The checklist has been gone through again (month after starting work or after other agreed working period) and discussions has taken place about questions arose:**

Date:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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