



EMPLOYEE ORIENTATION CHECKLIST

Once this form is complete, place in individual's personnel file.

ADMINISTRATIVE PROCEDURES	Employee Initials	Supervisor Initials
Application-copies of required forms of ID		
SF-85 Security Forms		
Flight line Drivers Test		
SF-74 Pass		
Work Hours		
Base Speed Limits		
Calling in sick		
3 day absence/Dr's slip		
Security Briefing		
Drug Testing		
Criminal Background Check		
Base procedures and MOI's		
Chain of Command (Worksite & Program Office)		
Disciplinary Actions (Reprimands)		
The use of PPE		
Standards of Conduct – Drug free work place-drug testing is		
Job description and requirements		
Pay periods-direct deposit		
Certifications (copies needed)		
Wage Rate-Health & Welfare Benefits		
SAFETY PROGRAM PROCEDURES	Employee Initials	Supervisor Initials
Importance of Housekeeping		
Hazards of job		
Garage Door Operations		
Use & Location of MSDS sheets		
Fire Protection and reporting fires		
Emergency Procedures		
Proper work shoes & other PPE		
When & where to report unsafe conditions		
On the job injuries & accidents shall be reported to the site		
FOD & Tool Control		
Follow all safety rules		
Tool control		
Receipt of PPE		
There are no guaranteed hours		
I have no physical problems that would prohibit me from performing the work assigned. I also acknowledge that I have been briefed on the above information.		
EMPLOYEE PRINTED NAME (First, MI, Last)	Initials	
EMPLOYEE SIGNATURE (First, MI, Last)	DATE	
SUPERVISOR PRINTED NAME (First, MI, Last)	Initials	
SUPERVISOR SIGNATURE (First, MI, Last)	DATE	