Worker Orientation Form

Give one copy to your employee and keep one copy for your records.

Name_____

Location_____

Date _____

Discuss work assignments (i.e. precautions, warnings, hazards):

_____
_____
_____

Discuss Hazard Communications and/or the Worker Protection Standard for Agricultural Chemicals and the Employer's safety and health rules:

_____
_____
_____

The employer's procedures for workers to contact supervisors or managers in case of an accident, illness or problems related to safety or health:

_____
_____
_____

The employer's procedures for treatment of injured or sick workers and the summoning of emergency assistance:

_____
_____
_____

The location of posted safety and health information:

_____
_____
_____

Training conducted:

_____
_____

_____ _____ __/__/____

Employer Signature | Employee Signature | Date

Materials provided by MT Ag Safety Program
Gene Surber & Associates, Inc. State Coordinator
Les Graham & Associates, Inc.

Oct. 09