

# Contractor On-Boarding Checklist

2776

## Purpose

The purpose of this checklist is to ensure that all site requirements for contractors are completed.

|                            |                             |
|----------------------------|-----------------------------|
| Name: <u>Ruth King</u>     | Start Date: <u>5-15-15</u>  |
| Position: <u>packaging</u> | Supervisor: <u>Miguel Q</u> |

|                       | Task                                                                                                                                   | Status                              |
|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Before First Day      | Send welcome packet with important information (e.g. benefits & first day logistics). - CMG                                            | <input type="checkbox"/>            |
|                       | Provide job information- CMG                                                                                                           | <input type="checkbox"/>            |
|                       | Encourage the review and completion of paperwork (if feasible) Before Day 1 - CMG                                                      | <input type="checkbox"/>            |
|                       | Contact new employee to answer questions and set expectations - CMG                                                                    | <input type="checkbox"/>            |
|                       | Background checks in process- CMG                                                                                                      | <input type="checkbox"/>            |
|                       | Complete Drug Screening and assign/prepare logistics (i.e. lockers) - CMG                                                              | <input type="checkbox"/>            |
|                       | Obtain a training sponsor from SuperMom's Manager or Supervisor - CMG                                                                  | <input type="checkbox"/>            |
| First Day/Orientation | Complete Good Management Practice & Safety Training - CMG                                                                              | <input type="checkbox"/>            |
|                       | New Hire Packet (explain benefits, policies, & procedures) - CMG                                                                       | <input type="checkbox"/>            |
|                       | Complete paperwork, badge, time clock (in & out) - CMG                                                                                 | <input type="checkbox"/>            |
|                       | Introduce new employee to training sponsor                                                                                             | <input checked="" type="checkbox"/> |
|                       | Supervisor welcome new employee                                                                                                        | <input checked="" type="checkbox"/> |
|                       | Communicate vision and mission.                                                                                                        | <input checked="" type="checkbox"/> |
|                       | Discuss PPE requirements (i.e. smock, hair/beard net, boots, ear protection, washing procedures)                                       | <input checked="" type="checkbox"/> |
|                       | Provide Safety Expectations (AWAIR)                                                                                                    | <input checked="" type="checkbox"/> |
|                       | Conduct Tour - introduction to the rest of the team, emergency exits, fire extinguishers, etc.                                         | <input checked="" type="checkbox"/> |
|                       | Ensure the job roles and responsibilities are clearly communicated to the new employee                                                 | <input checked="" type="checkbox"/> |
| First Week            | Introduce the new employee to other employees and management                                                                           | <input checked="" type="checkbox"/> |
|                       | Safe operating procedures of equipment, including location of emergency stops and when and how to implement lockout/tagout procedures. | <input checked="" type="checkbox"/> |
|                       | Ensure the tools required for the job and proper working techniques are reviewed.                                                      | <input checked="" type="checkbox"/> |
|                       | Ensure the hazards of the equipment and safety guards are reviewed.                                                                    | <input checked="" type="checkbox"/> |
|                       | Provide a list of contacts who can address the new employee's questions on a variety of issues.                                        | <input checked="" type="checkbox"/> |
|                       | Gather feedback about the orientation program from the new employee.                                                                   | <input checked="" type="checkbox"/> |

CMG Supervisor: Ruth King Date: 5/15/15

SuperMoms Training Sponsor: Jay Johnson Date: 5/15/15

SuperMoms Supervisor: [Signature] Date: 5/18/15

SuperMoms Manager: [Signature] Date: 5/18/15

SuperMoms Human Resources: [Signature] Date: 5/18/15

## SuperMom's AWAIR Policy

I acknowledge that this document has been reviewed with me and how to obtain a copy. I will notify my supervisor or the company's policy administrator should I have any safety questions that may arise. I also understand that failure to follow the safety policies may result in disciplinary action. I understand that it is my responsibility to read and comply with the policies contained in the manual.

SIGNATURE: 

PRINTED NAME: Ruth King

EMPLOYEE NUMBER: \_\_\_\_\_

DATE SIGNED: 5/15/15