

Contractor On-Boarding Checklist

Purpose

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

Name: <u>De Ree</u>	Start Date: <u>11/6/14</u>
Position: <u>parking</u>	Supervisor: <u>Miguel Quintanilla</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"/>
First Day/Orientation	Obtain a training sponsor from SuperMom's Manager or Supervisor - CMG	<input type="checkbox"/>
	Complete Good Management Practice & Safety Training - CMG	<input type="checkbox"/>
	Complete paperwork, badge, time clock (in & out) - CMG	<input type="checkbox"/>
	Supervisor welcome new employee	<input checked="" type="checkbox"/>
	Discuss PPE requirements (i.e. smock, hair/beard net, boots, ear protection, washing procedures)	<input checked="" type="checkbox"/>
	Ensure the job roles and responsibilities are clearly communicated to the new employee	<input checked="" type="checkbox"/>
	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 hazards of the equipment and safety guards are reviewed.	<input checked="" type="checkbox"/>
	Provide a list of contacts who address the new employee of issues.	<input checked="" type="checkbox"/>
First Week	Gather feedback about the orientation program from the new employee.	<input checked="" type="checkbox"/>

CMG Supervisor: <u>[Signature]</u>	Date: <u>11/6/14</u>
SuperMoms Training Sponsor: <u>Joy Manning</u>	Date: <u>11/7/14</u>
SuperMoms Supervisor: <u>[Signature]</u>	Date: <u>11/10/14</u>
SuperMoms Manager: <u>[Signature]</u>	Date: <u>11/12/14</u>
SuperMoms Human Resources: <u>Christa Pao</u>	Date: <u>11/14/14</u>

SuperMom's Safety Policy

I acknowledge the receipt of a copy of SuperMom's Safety Policy. 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: DR

PRINTED NAME: Dr. Sarah Rea

EMPLOYEE NUMBER: _____

DATE SIGNED: 11/07/14