

Contractor On-Boarding Checklist

Purpose

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

13792

Name: <u>Gina Tremble</u>	Start Date: <u>July 2nd, 2015</u>
Position: <u>Wrapping</u>	Supervisor: <u>Miguel Q.</u>

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

CMG Supervisor: [Signature] Date: 6-26-15

SuperMoms Training Sponsor: [Signature] Date: 7-10-15

SuperMoms Supervisor: [Signature] Date: 7-10-15

SuperMoms Manager: [Signature] Date: 7-10-15

SuperMoms Human Resources: [Signature] Date: 7-10-15

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: _____

EMPLOYEE NUMBER: _____

DATE SIGNED: _____