# New Worker Assessment Checklist

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| **Worker Name** (first & last) | **Worker Occupation** | **Date of Assessment** |
|  |  |  |
| Worker assessment to be completed once per worker per month. This checklist should also be used to assess a new hire or a returning worker that has been away from the job for more than 6 weeks. Check appropriate boxes if “safe” or mark N/A. If “unsafe,” provide corrective action comments for worker. |
| **Company Policies & Procedures** | **Check if Safe** | **Comments** |
| **Emergency Response Plan (ERP)** |  |  |
| Can locate ERP |  |  |
| Knows relevant emergency plan details |  |  |
| Can identify first aid attendants and how to contact them |  |  |
| **Safe Work Procedures for task** |  |  |
| Can identify worksite hazards |  |  |
| Is alert and focused on job |  |  |
| Demonstrates safe use of tools & equipment |  |  |
| Consistently uses safe work procedures |  |  |
| Has required certificates |  |  |
| **Personal Protective Equipment (PPE)** |  |  |
| Wears appropriate PPE identified for the task |  |  |
| Wears appropriate footwear for job |  |  |
| **Other:** |  |  |
|  |  |  |
|  |  |  |
| **Additional Comments:** |
| **Signature of Employee / Contractor** | **Signature of Supervisor / Trainer** |