# New Worker Assessment Checklist

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| **Worker name** (first and last) | **Worker occupation** | **Date of assessment** |
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| 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 six weeks. Check boxes if “safe” or mark N/A. If “unsafe,” provide corrective action comments for worker. |
| **Company Policies and 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 and 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:** |  |  |
|  |  |  |
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|  |
| **Additional Comments:** |
| **Signature of Employee** | **Signature of Supervisor/Trainer** |