# 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** | |