**BLM FIRE AND AVIATION**

**EMPLOYEE ORIENTATION CHECKLIST**

| **Employee’s Name** | **Organizational Unit and Supervisor** |
| --- | --- |
|  |  |

| **Position Title** | **Grade** | **Entrance on Duty Date** |
| --- | --- | --- |
|  |  |  |

| **After the following items have been discussed with the employee, please sign.** | **Discussed** |
| --- | --- |
| * Access to personnel representative |  |
| * Appeals and grievances |  |
| * Applicable safety regulations |  |
| * Appropriate awareness of manual and handbooks |  |
| * Availability of supervisor for assistance |  |
| * Awards and recognition |  |
| * Computer access |  |
| * Correspondence appropriateness |  |
| * Credit union, labor organizations, and other employee organizations |  |
| * Delegation of authority |  |
| * Duties and responsibilities of employee/position description |  |
| * EEO program/policies |  |
| * Email protocol and Internet use |  |
| * Employee Assistance Program (EAP) |  |
| * Employee Express and Thrift Savings Plan (TSP) |  |
| * Employee Performance Appraisal Plan (EPAP) |  |
| * Employee Safety Orientation Checklist (See below) |  |
| * Employees work area, desk, etc. |  |
| * Employment options, career paths, and position requirements (BLM Fire and Aviation, non-fire, other federal agencies) |  |
| * Ethics and personal conduct |  |
| * Federal, Department and Bureau regulations of importance to employees |  |
| * Financial disclosure report (if necessary) |  |
| * Furnish publications |  |
| * Health benefits/group life insurance (if applicable) |  |
| * Hours of work, lunch periods and breaks/timekeeping |  |
| * Individual development plan (if required for position) |  |
| * Injuries on the job |  |
| * Introduction to fellow workers, including employees in other divisions/offices |  |
| * Leave benefits (annual, sick, LWOP, etc.) |  |
| * Merit promotion program (if applicable) |  |
| * Mission of office, division, branch, team |  |
| * Notice to mail room of new employee |  |
| * Organization and mission of bureau and region/project |  |
| * Pay periods and holidays |  |
| * Payroll deductions (taxes, bonds, retirement, insurance, etc.) |  |
| * Performance requirements of position |  |
| * Position requirements (IFPM, NWCG, agency-specific, GS-0401) |  |
| * Prevention and Elimination of Harassing Conduct ([PB 18-01](https://www.doi.gov/employees/anti-harassment/personnel-bulletin-18-01)) |  |
| * Prior approval of annual leave |  |
| * Reporting sick and emergency annual leave |  |
| * Retirement coverage (Primary, Secondary, not covered) |  |
| * FERS retirement benefits: basic benefit plan, Social Security, Thrift Savings Plan (TSP) |  |
| * Role of the supervisor |  |
| * To whom employee reports in your absence |  |
| * Training opportunities, Individual Development Plan, required training, DOI Talent |  |
| * Type of appointment (probationary period & tenure) |  |
| * Unusual or hazardous conditions |  |
| * Use of government vehicles and equipment |  |
| * Wages and/or salary and periodic step increases |  |

| **Employee’s Signature and Date** | **Supervisor’s Signature and Date**  **Supervisors Signature and Date** |
| --- | --- |
|  |  |

For additional information, please refer to the New Employee Orientation Training in DOI Talent.

[**https://www.doi.gov/doitalent**](https://www.doi.gov/doitalent)

**BUREAU OF LAND MANAGEMENT**

**NEW EMPLOYEE SAFETY ORIENTATION CHECKLIST**

| Employee Name: | Job Title: |
| --- | --- |
| Supervisor: |  |

**Instructions**: This checklist is designed to guide supervisors in providing employee safety orientation to new employees and volunteers. Applicable safety training and orientation should be indicated by supervisor and employee initials and date. Additional specialized training may be required for some employees. The *DOI Occupational Safety & Health Program Field Manual* can be used as a source of information on the orientation topics. Consult with your local safety manager or state safety manager to receive specific policy or additional guidance.

| **Guides and Information**  Provide employee with: | **Completed** | **Not Applicable** | **Date** |
| --- | --- | --- | --- |
| *DOI Occupational Safety and Health Program – Field Manual* (copy available through [DOI OSH Safety app](https://doimspp.sharepoint.com/sites/blm-wo-700/safetyhealthandemergency/SitePages/Policy%20and%20Regulations.aspx)) |  |  |  |
| Local safety policy/safety plans **(insert your link here)** |  |  |  |
| Contact information for local safety manager, supervisor and emergency contact numbers |  |  |  |
| Local safety bulletin boards, safety library and safety website/shared document site **(insert your link here)** |  |  |  |
| Emergency evacuation plan and procedures/COOP /occupant emergency plan **(insert your link here)** |  |  |  |
| Fire prevention plan, location of fire protection equipment and employee responsibilities **(insert your link here)** |  |  |  |
| Security procedures & workplace violence awareness for office/field and specific local hazard awareness **(insert your link here or local contact for security)** |  |  |  |
| Local check-in/check-out procedures **(insert your link here)**  *DOI Field Manual* *section 2, Check-out/Check-In System* tab |  |  |  |
| Employee safety rights and responsibilities [chapter 1, *BLM Handbook 1112-1*](http://web.blm.gov/internal/wo-500/directives/dir-hdbk/h1112-1.pdf) |  |  |  |
| Procedures for reporting unsafe or unhealthful working conditions: *DOI Field Manual, section 13, Reports of Unsafe/Unhealthful Working Conditions*  *Employee Report of Unsafe/Unhealthful Condition*:  [BLM form 1112-4](https://doimspp.sharepoint.com/sites/blm-oc/dbs/eForms%20Library/Forms/Safety.aspx?id=%2Fsites%2Fblm%2Doc%2Fdbs%2FeForms%20Library%2F1112%2D004%2Epdf&parent=%2Fsites%2Fblm%2Doc%2Fdbs%2FeForms%20Library)  [SAFENET (fire only)](https://safenet.nifc.gov/) |  |  |  |
| Location of local medical facilities and procedures to obtain treatment |  |  |  |
| Accident Reporting Procedures:  Personal Injury Reporting Requirements:  [DOI SMIS accident report](https://smis.doi.net/auth/) and [ECOMP](https://www.ecomp.dol.gov/#/)  Property Damage Reporting Requirements:  [SF-91](https://www.gsa.gov/forms-library/motor-vehicle-accident-crash-report), [SF-94](https://www.gsa.gov/forms-library/statement-witness) and [DOI SMIS accident report](https://smis.doi.net/auth/) |  |  |  |
| Risk management training ([DOI Talent](https://doitalent.ibc.doi.gov/enrol/index.php?id=9529)) |  |  |  |
| Completed risk assessment, [BLM Form 1112-5](https://doimspp.sharepoint.com/:w:/r/sites/blm-oc/dbs/_layouts/15/Doc.aspx?sourcedoc=%7B7B08DA4F-6065-4D48-BE9E-5E0495975A29%7D&file=1112-005.docx&action=default&mobileredirect=true) |  |  |  |

| **Training Guideline**  Ensure employee completes the following training: | **Completed** | **Not Applicable** | **Date** |
| --- | --- | --- | --- |
| Bloodborne pathogens (consider exposure risks)  [*DOI Field Manual*](https://doimspp.sharepoint.com/sites/blm-wo-700/safetyhealthandemergency/Documents/Occupational%20safety%20and%20health%20program%20-%20field%20manual.pdf)*, section 8, Bloodborne Pathogens* tab |  |  |  |
| Employee Right-to Know/Hazard Communication:  Provide employee with specialized training for any chemical use/exposure  [*DOI Field Manual*](https://doimspp.sharepoint.com/sites/blm-wo-700/safetyhealthandemergency/Documents/Occupational%20safety%20and%20health%20program%20-%20field%20manual.pdf)*, section 5, Health Hazards* tab (Hazard Communication Program)  [OSHA Hazard Communication](https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=standards&p_id=10099) |  |  |  |
| First responders and field-going staff  ["Field Awareness"](https://www.ntc.blm.gov/krc/viewresource.php?courseID=1086&programAreaId=118) (HAZWOPER) |  |  |  |

| **Other specialized training as determined by risk assessment and local/specialized training as needed (example: bear safety, borderlands safety…)** | **Completed** | **Not Applicable** | **Date** |
| --- | --- | --- | --- |
| First Aid/CPR/AED |  |  |  |
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| **Motor Vehicle/Equipment Use**  Provide employee with training and/or policy. | **Completed** | **Not Applicable** | **Date** |
| --- | --- | --- | --- |
| [Authorization to use government vehicles - BLM form 1112-11](https://doimspp.sharepoint.com/sites/blm-oc/dbs/eForms%20Library/Forms/Safety.aspx?id=%2Fsites%2Fblm%2Doc%2Fdbs%2FeForms%20Library%2F1112%2D011%2Epdf&parent=%2Fsites%2Fblm%2Doc%2Fdbs%2FeForms%20Library) |  |  |  |
| Vehicle inspection worksheet **(insert your link here)**  [Operator Responsibilities, H 1525, para 1.4 M](https://web.blm.gov/internal/wo-500/directives/dir-manu/1525.pdf) |  |  |  |
| Mandatory seatbelt use policy  [*DOI Field Manual*](https://doimspp.sharepoint.com/sites/blm-wo-700/safetyhealthandemergency/Documents/Occupational%20safety%20and%20health%20program%20-%20field%20manual.pdf)*, section 3, Motor Vehicle and Equipment Safety* tab (Seat Belts) |  |  |  |
| Commercial driver’s license requirements |  |  |  |
| Driver improvement training |  |  |  |
| Driver duty limitations  [*BLM Handbook 1112-1, chapter 15, section D6*](http://web.blm.gov/internal/wo-500/directives/dir-hdbk/h1112-1.pdf) |  |  |  |
| Distracted driving  [*BLM Handbook 1112-1, chapter 15 section D1b*](http://web.blm.gov/internal/wo-500/directives/dir-hdbk/h1112-1.pdf) |  |  |  |

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| --- | --- | --- | --- |
| **Motor Vehicle/Equipment Use**  Provide employee with training and/or policy. | **Completed** | **Not Applicable** | **Date** |
| Specialized training required for: |  |  |  |
| Four-wheel drive – [BLM 4x4 Safe Driving Program](https://doimspp.sharepoint.com/sites/blm-training/SitePages/Drivers.aspx) (DOI Talent) |  |  |  |
| ATV/UTV/motorcycle – introductory courses (DOI Talent) and BLM field training courses; [*DOI Field Manual*](https://doimspp.sharepoint.com/sites/blm-wo-700/safetyhealthandemergency/Documents/Occupational%20safety%20and%20health%20program%20-%20field%20manual.pdf)*, section 15, Off-Highway Vehicles* tab, *ATVs* tab, *UTVs* tab;  [*BLM Handbook 1112-1, chapter 17, section D4 and chapter 18, section D3*](http://web.blm.gov/internal/wo-500/directives/dir-hdbk/h1112-1.pdf) |  |  |  |
| Forklift BLM  [BLM Handbook 1112-1, chapter 18, section D5](chrome-extension://efaidnbmnnnibpcajhttps:/web.blm.gov/internal/wo-500/directives/dir-hdbk/h1112-1.pdf) |  |  |  |
| Heavy equipment (specific equipment requirements and [*DOI Field Manual*](https://doimspp.sharepoint.com/sites/blm-wo-700/safetyhealthandemergency/Documents/Occupational%20safety%20and%20health%20program%20-%20field%20manual.pdf)*, section 4, Heavy Equipment* tab) |  |  |  |
| Trailer towing – [*DOI Field Manual*](https://doimspp.sharepoint.com/sites/blm-wo-700/safetyhealthandemergency/Documents/Occupational%20safety%20and%20health%20program%20-%20field%20manual.pdf)*, section 3, Trailers* Less than 10,000 lbs. GVW tab |  |  |  |
| Motorboat – [*DOI Field Manual*](https://doimspp.sharepoint.com/sites/blm-wo-700/safetyhealthandemergency/Documents/Occupational%20safety%20and%20health%20program%20-%20field%20manual.pdf)*, section 12, Watercraft Operations and Water Safety* tab; [*BLM Handbook 1112-1, chapter 16, section D3*](http://web.blm.gov/internal/wo-500/directives/dir-hdbk/h1112-1.pdf) |  |  |  |
| Snowmobile –[*DOI Field Manual*](https://doimspp.sharepoint.com/sites/blm-wo-700/safetyhealthandemergency/Documents/Occupational%20safety%20and%20health%20program%20-%20field%20manual.pdf)*, section 15, Snowmobiles* tab; [*BLM Handbook 1112-1, chapter 18, section D2*](http://web.blm.gov/internal/wo-500/directives/dir-hdbk/h1112-1.pdf) |  |  |  |
|  |  |  |  |
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| **Safety Discussion Topics**  Brief employee on these topics as required by risk assessment. Specific duties may require formal training. | **Completed** | **Not Applicable** | **Date** |
| --- | --- | --- | --- |
| Hazards of job tasks and work areas, and proper safety procedures |  |  |  |

| **OSHA Standards and Guidance for Specific Job and Workplace** | **Completed** | **Not Applicable** | **Date** |
| --- | --- | --- | --- |
| PPE that will be needed and how to use.  [*DOI Field Manual*](https://doimspp.sharepoint.com/sites/blm-wo-700/safetyhealthandemergency/Documents/Occupational%20safety%20and%20health%20program%20-%20field%20manual.pdf)*, section 6 – Personal Protective Clothing and Equipment* tab  or  [OSHA Personal Protective Equipment](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10118) |  |  |  |
| Confined Space Awareness & Recognition  [*DOI Field Manual*](https://doimspp.sharepoint.com/sites/blm-wo-700/safetyhealthandemergency/Documents/Occupational%20safety%20and%20health%20program%20-%20field%20manual.pdf)*, section 14, Confined Space* tab  or  [OSHA Permit-required confined spaces](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9797) |  |  |  |
| Lock out/tag out  [*DOI Field Manual*](https://doimspp.sharepoint.com/sites/blm-wo-700/safetyhealthandemergency/Documents/Occupational%20safety%20and%20health%20program%20-%20field%20manual.pdf)*, section 11, Lockout/Tagout* tab  or  [OSHA Control of Hazardous Energy](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9804) |  |  |  |

| **Occupational Health Program** | **Completed** | **Not Applicable** | **Date** |
| --- | --- | --- | --- |
| Hearing Protection Plan  [*DOI Field Manual*](https://doimspp.sharepoint.com/sites/blm-wo-700/safetyhealthandemergency/Documents/Occupational%20safety%20and%20health%20program%20-%20field%20manual.pdf)*, section 5, Health Hazards* tab (Hearing Conservation Program)  or  [OSHA Hearing Conservation](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=standards&p_id=9735) |  |  |  |
| Respiratory Protection  [*DOI Field Manual*](https://doimspp.sharepoint.com/sites/blm-wo-700/safetyhealthandemergency/Documents/Occupational%20safety%20and%20health%20program%20-%20field%20manual.pdf)*, section 5, Health Hazards* tab (Respiratory Protection Program)  or  [OSHA Respiratory Protection](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=12716) |  |  |  |
| Manual Lifting Guidance  [*DOI Field Manual*](https://doimspp.sharepoint.com/sites/blm-wo-700/safetyhealthandemergency/Documents/Occupational%20safety%20and%20health%20program%20-%20field%20manual.pdf)*, section 9, Lifting Heavy Loads* tab |  |  |  |
| Ergonomics  [*DOI Field Manual*](https://doimspp.sharepoint.com/sites/blm-wo-700/safetyhealthandemergency/Documents/Occupational%20safety%20and%20health%20program%20-%20field%20manual.pdf)*, section 5, Occupational Health Hazards and Industrial Hygiene* tab (Ergonomics) |  |  |  |

|  |  |
| --- | --- |
| Employee’s Signature and Date | Supervisor’s Signature and Date  Supervisors Signature and Date |

***Updated 3/2023***

**(Provide additional links here as needed)**

[DOI OSH Safety App for iPhone – Bloodborne Pathogens Training](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fapps.apple.com%2Fus%2Fapp%2Fid1527456645&data=04%7C01%7Cmeno%40blm.gov%7C50a0053fea3b4690968308d8ed65cce6%7C0693b5ba4b184d7b9341f32f400a5494%7C0%7C0%7C637520368788676972%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=czjn0zCyUr0fDWcUyzBlKNQt849gG%2FBKIUX5maXYjb8%3D&reserved=0)

[DOI OSH Safety App for Android – Bloodborne Pathogens Training](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fplay.google.com%2Fstore%2Fapps%2Fdetails%3Fid%3Dcom.quickseries.rca.doi.osh.safety&data=04%7C01%7Cmeno%40blm.gov%7C50a0053fea3b4690968308d8ed65cce6%7C0693b5ba4b184d7b9341f32f400a5494%7C0%7C0%7C637520368788686929%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=UcsbTDc2YBuAOAevOPD3d3nPm3e3wbFqeP7Rppc0BAQ%3D&reserved=0)