

# Contractor Safety Orientation Checklist for Project Sites

Project Name

Contractor Company

Date

Location

Contractor Supervisor

Contact Number

## Orientation Topics Checklist

Check	Topic	Remarks
<input type="checkbox"/>	Site Emergency Procedures & Exits	<input type="text"/>
<input type="checkbox"/>	Personal Protective Equipment (PPE) Requirements	<input type="text"/>
<input type="checkbox"/>	Site Rules and Access Control	<input type="text"/>
<input type="checkbox"/>	Hazard Reporting and Incident Procedures	<input type="text"/>
<input type="checkbox"/>	Fire Protection & Hot Work Permits	<input type="text"/>
<input type="checkbox"/>	Work at Height Safety	<input type="text"/>
<input type="checkbox"/>	Use of Ladders & Scaffolding	<input type="text"/>
<input type="checkbox"/>	Housekeeping	<input type="text"/>
<input type="checkbox"/>	Confined Space Procedures	<input type="text"/>
<input type="checkbox"/>	Environmental Protection & Waste Management	<input type="text"/>

Additional Notes

Acknowledgement

Contractor Representative (Name & Signature)

Date

Orienting Officer (Name & Signature)

Date