



ALMANSOORI SPECIALIZED ENGINEERING

EMPLOYEE HSEQ ORIENTATION CHECKLIST

	<u>YES</u>	<u>NO</u>	<u>N / A</u>
1. Health, Safety, Environment & Quality Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Health Monitoring Management System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. HSEQ / Tool Box Meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Hazard Communication (DSF, Near Miss Reporting, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Injury / Illness Reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Personal Protective Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Risk Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Heat Stress Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Incident Investigations and Reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Gas Detection Equipment / H2S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Machine Guards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Noise Risk Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. House Keeping / Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Waste Management System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Fire Fighting Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Transportation & Driving Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Forklift Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Respiratory Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Fall Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Lifting Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. HSEQ Training / Matrix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Chemical Handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Manual Handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. First Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Electrical Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Confined Space Entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Drugs and Controlled Substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Lockout and Tag out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Work Permit Procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Emergency Response Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Emergency Drills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Client Emergency Procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employee Name : _____

Signature : _____

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