



Supervisor Checklist for New Plant Operations Employees

EMPLOYEE INFORMATION	Name:	Start date:		
	Position:	Supervisor:		
University of Michigan <input type="checkbox"/> Orientation Program - Wolverine Tower				
Plant Operation Orientation Program – Plant Academy				
	<input type="checkbox"/> Attend Plant Operation Orientation Program at Plant Academy -attend within one month from employee’s date of hire.			
DEPARTMENT ORIENTATION – Check list below (As needed by department)				
FIRST DAY	<input type="checkbox"/> Provide employee with New Employee Workbook. (Where applicable) <input type="checkbox"/> Send PlantOps All email introducing employee (When applicable) <input type="checkbox"/> Assign “buddy” employee(s) to assist with general questions <input type="checkbox"/> Review Department role and function at UM, Plant Operation <input type="checkbox"/> Review Departmental Philosophy / Mission & Vision			
INTRODUCTIONS AND TOURS (Facilities)	<input type="checkbox"/> Give introductions to department staff and key personnel during tour. <input type="checkbox"/> Tour of Campus <input type="checkbox"/> Tour of facility, including: <table style="width: 100%; border: none;"> <tr> <td style="border: none; vertical-align: top;"> <ul style="list-style-type: none"> • Bulletin board • Coffee/vending machines • Copy centers • Emergency exits • First Aid kits • Fax machines • Kitchen </td> <td style="border: none; vertical-align: top;"> <ul style="list-style-type: none"> • Mail rooms • Office supplies • Office/ desk / work station/ location • Parking • Printers • Restrooms & locker rooms • Water coolers </td> </tr> </table>		<ul style="list-style-type: none"> • Bulletin board • Coffee/vending machines • Copy centers • Emergency exits • First Aid kits • Fax machines • Kitchen 	<ul style="list-style-type: none"> • Mail rooms • Office supplies • Office/ desk / work station/ location • Parking • Printers • Restrooms & locker rooms • Water coolers
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POSITION INFORMATION (Manager)	<input type="checkbox"/> Review job description and performance expectations and standards. <input type="checkbox"/> Review job schedule and hours. <input type="checkbox"/> Review initial job assignments and training plans.			
PAYCHECK	<ul style="list-style-type: none"> • Overtime • Pay Schedule • PPAP 	<ul style="list-style-type: none"> • Time Cards • Wolverine Access 		
ITEMS ISSUED (check only those that apply)	<input type="checkbox"/> Cell phone <input type="checkbox"/> ID badge/card <input type="checkbox"/> Keys <input type="checkbox"/> Pager <input type="checkbox"/> Prescription safety glass voucher	<input type="checkbox"/> Radio – 2-way <input type="checkbox"/> Safety glasses or voucher <input type="checkbox"/> Safety shoe voucher <input type="checkbox"/> M-Token <input type="checkbox"/> Current Union contract (if applicable) <input type="checkbox"/> Work Shirts		
EMERGENCY INFORMATION	<input type="checkbox"/> Review Emergency response plan: <ul style="list-style-type: none"> • Fire, Tornado, Flood • Pandemic preparedness • Plant Hotline Number (coming soon) 	<ul style="list-style-type: none"> • Hot line number: 911/DPS • Pre-designated worksite disaster “rally point” • Emergency Communication plan 		
SAFETY - EQUIPMENT	<ul style="list-style-type: none"> • Accident report – Vehicle equipment safety – proper use 	<ul style="list-style-type: none"> • Equipment training program • Vehicle safety 		

POLICIES (Human Resources) (As needed by department)	<input type="checkbox"/> Review Plant Operation policies. <input type="checkbox"/> Review Key Departmental Policies <input type="checkbox"/> Review Unit Specific Policies including: <input type="checkbox"/> HIPAA Form/ filled out <input type="checkbox"/> Conflict of Interest/Conflict of Commitment Tutorial and Signature Form	
	<ul style="list-style-type: none"> • Absenteeism • Access to personnel files • Alcohol/drugs/testing • Attendance/ tardiness • Breaks/lunches – Designated break area • Call-in procedures • Computers • Confidentiality • Depart. function/committee • Department tools • Discipline • Dress code/personal hygiene • Driver license information • E-mail and Internet use • Emergency – personal • Emergency procedures • Fighting • Funerals • FMLA / leaves of absence • Harassment/Sexual – Job • Health and Wellness • Holidays • No Smoking/ building & vehicles • Non-Discrimination-diversity • Illness on job • HIPAA Form • Job abandonment • Keys 	<ul style="list-style-type: none"> • Malicious destruction of property • On-call • Overtime • Performance reviews • Personal conduct standards • Photo Board • Probationary Period • Progressive disciplinary actions • Quality Assurance/ Frequency Schedules • Reporting change of address • Safety • Security • Sick time • Staff Meetings • Stealing/ theft/ complicity • Summer leave program • Telephone policies • Time off request-Vacation, sick, PDT • Time and leave reporting • Tool loan policy • Training • Uniform/Work shirts • Unauthorized personal guest • Vehicle use • Visitors • Weapons • Threatening gestures/remarks • Work performance
ADMINISTRATIVE PROCEDURES	<input type="checkbox"/> Review general administrative procedures. <input type="checkbox"/> P-Card – sign up for training/ MPathways training - <input type="checkbox"/> NA <ul style="list-style-type: none"> • Building access cards • Business cards • Conference rooms • Expense reports • Mail (incoming and outgoing) • Office supplies • Picture ID badges (worn daily) • Purchase requests • Shipping (FedEx, DHL, and UPS) • Telephones Features • Work Order System • Work Request 	
COMPUTERS (Information Services)	<input type="checkbox"/> Hardware and software reviews, including: <input type="checkbox"/> Network Access – T drive, H drive, etc... <ul style="list-style-type: none"> • Databases – FMS etc... • Data on shared drives • E-mail • Wolverine access etc... • Internet • Microsoft Office System 	
DEPARTMENT FINANCIALS	<ul style="list-style-type: none"> • Correct “Phase, Shop number & Short code” number for time cards and any purchases for UM • PPAP0 • Using correct shop number 	
UNION CONTRACT	<ul style="list-style-type: none"> • Grievances • PTO accrual • Rest periods • Schedules changes • Tuition refund • Union contracts 	

Safety Training Checklist - OSEH

Instructions: Go down the checklist and complete each item. Follow the directions given under each item, and initial and date when that item is completed. If one or more items cannot be completed at this time, cover as much of the information as possible and complete the item later. Items 1-6 should be completed before a worker is allowed to begin work. Any questions about this checklist should be forwarded to OSEH. When all items on the checklist are completed, sign the checklist and forward a copy to your departmental training coordinator.

1. Review Accident Reporting Procedures	Done:
<p>Explain to the employee that all work related injuries and illnesses must be reported immediately and an Injury Report completed and signed. Show the employee an example of the Injury Report and explain any departmental or shop specific reporting procedures.</p>	
2. Review First Aid and Medical Treatment Procedures	Done:
<p>Show the employee where the first aid kit is located. Give the employee directions (verbal or written) to the MWorks Medical Clinic and the University Hospital Emergency Room. Explain to the worker that if they are injured or ill, they can get medical treatment at one of these locations (depending on the time of day). Explain that they do not have to go for medical treatment unless they wish to, or unless their supervisor requires them to. Explain that at anytime they feel there is a life threatening emergency, they can immediately call for emergency help through University DPS or at 911. Insure the employee is familiar with alternate ways to get emergency help (e.g., phone, radio, alarm system, etc.).</p>	
3. Review Medical Surveillance Examination Requirements	Done:
<p>If the employee is required to receive a medical surveillance exam, complete the Medical Surveillance Request Form and schedule the exam now (615-2140). Explain the reason for the examination and the procedures they will receive as part of that exam. Explain that all medical procedures are strictly confidential and subject to the same doctor-patient confidentiality rules that apply to their personal physician. The University will only receive information directly relating to their ability or inability to perform the tasks they are assigned. If they have any additional questions about the Medical Surveillance Program, that they should contact OSEH (764-3141).</p>	
4. Review Departmental/Shop Hazard Communication Procedures	Done:
<p>Explain to the worker that all hazardous chemicals they will use are labeled and have a material safety data sheet (MSDS) which lists the hazards and safety precautions that should be followed when using that chemical. Show them where the MSDS's for the chemicals they will be using are located. Explain that they should always read the label on a chemical before using it and review the MSDS for that chemical, if they feel it's necessary. Review with them the types of chemicals they will use in their work and the associated hazards of those chemicals. Explain which specific personal protective equipment (PPE) they must wear when using these chemicals.</p>	
5. Review Departmental/Shop Lockout/Tagout Procedures:	Done:
<p>Explain to the employee that hazardous energy sources (e.g., electrical, mechanical, thermal, hydraulic, pneumatic or gravitational) must be disengaged and locked out before working on equipment. Show them where lockout equipment is kept, and demonstrate how to use it. If they need their own lockout equipment, then issue it to them now.</p>	

6. Issue Personal Protective Equipment (PPE) and Review Use Requirements	Done:
<p>Give the new employee any PPE they will need to do their work (mark below):</p> <ul style="list-style-type: none"> a. Eye/Face Protection (e.g., safety glasses, face shield): _____ b. Head Protection (e.g., hard hat): _____ c. Hand/Arm Protection (e.g., gloves, gauntlets): _____ d. Foot/Leg Protection (e.g., safety shoes): _____ e. Torso Protection (e.g., coveralls, apron, leathers): _____ f. Hearing Protection (e.g., ear plugs, ear muffs): _____ g. Electrical Protection (e.g., electrical safety gloves): _____ <p>Ensure they know how to wear all of their issued PPE. If they need and qualify to receive equipment under the safety shoe or prescription safety glasses program, explain the procedures for getting this equipment and start the paper work (647-1142). If they need to use respiratory or fall protection, begin arranging the required training now, and explain that they will receive specific training on this equipment before they can use it.</p>	
7. Schedule and Attend Safety Orientation Training	Done:
<p>All newly hired employees (permanent or temporary) must attend Safety Orientation Training. This training is scheduled on a regular basis and your departmental training coordinator or OSEH can supply the dates and times.</p>	
8. Schedule Other Safety Training Subjects Needed	Done:
<p>Some jobs require additional safety training not covered in Safety Orientation. These subjects include:</p> <ul style="list-style-type: none"> a. Electric Power Transmission Safety (e.g., CPP, High Voltage, Outside Lighting): _____ b. CPR & First Aid (e.g., CPP, High Voltage, Outside Lighting, tree trimmers): _____ c. Confined Space Entry and Tunnel Safety (e.g., CPP, High Voltage, Tunnels, Outlying Boilers, Plumbing Shop, etc.): _____ d. Hazardous Materials Handling & Transport (e.g., Moving & Trucking): _____ e. Hot Work Safety and Fire Safety (e.g., Hospital Maintenance, Welding Shop, steam fitters, plumbers, sheet metal workers, etc.): _____ f. Lead Worker Protection (e.g., painters, laborers, masons, welders, carpenters, sheet metal workers, etc.): _____ g. Powered Mobile Equipment (e.g., users of aerial work platforms, fork lifts, tractors, etc.): _____ h. Respiratory Protection (e.g., insulators, painters, laborers, masons, welders, carpenters, sheet metal workers, pesticide applicators, etc.): _____ i. Scaffold Safety and Fall Protection (e.g, construction trades, etc.): _____ <p>If they need to receive training on any of these subjects, they should be scheduled now, through your departmental training coordinator or directly with OSEH (764-3141).</p>	
9. Other Issues Reviewed	Done:
<p>List any additional safety topics discussed with the new employee: _____</p> <p>_____</p>	

New Employee Departmental Orientation Signature Sheet

I acknowledge that I have received the items checked below:

ITEMS ISSUED

- | | |
|--|--|
| <input type="checkbox"/> Cell phone
<input type="checkbox"/> ID badge/card
<input type="checkbox"/> Keys
<input type="checkbox"/> Lap Top Computer
<input type="checkbox"/> Pager
<input type="checkbox"/> P Card
<input type="checkbox"/> PDA/ Palm Pilot | <input type="checkbox"/> Prescription safety glass voucher
<input type="checkbox"/> Radio – 2-way
<input type="checkbox"/> Safety glasses or voucher
<input type="checkbox"/> M-Token
<input type="checkbox"/> Safety shoe voucher
<input type="checkbox"/> Union contract – Current (if applicable)
<input type="checkbox"/> Depart Specific Item list attached
<input type="checkbox"/> Work Shirts |
|--|--|

I acknowledge that I have received training on the items checked below:

**POLICIES
(Human Resources)**

- Review Plant Operation policies.
- Review Key Departmental Policies
- Review Unit Specific Policies including:
- HIPAA Form/ filled out and turned in
- Department Specific policy list attached
- Conflict of Interest/Conflict of Commitment Tutorial and Signature Form

**SAFETY
TRAINING
CHECKLIST –
OSEH**

- a. Review Accident Reporting Procedures
- b. Review First Aid and Medical Treatment procedures
- c. Review Departmental/Shop Hazard Communications Procedures
- d. Review Departmental /Shop Lockout / Tagout Procedures
- e. Schedule & Attend Safety Orientation Training
- f. Issue Personal Protective Equipment (PPE) and Review Use Requirements
- g. Schedule Other Safety Training Subjects Needed

ACKNOWLEDGMENT - (To be signed upon completion of all orientation items)

I acknowledge that I have received training and have been issued the items checked above:

Employee: _____ **Date:** _____

Supervisor: _____ **Date:** _____

Associate Director _____ **Date:** _____

Completed form is to be filed in employee’s department personnel folder.