**Checklist for occupational safety orientation**

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| *link for introductory training:*  |  |

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| Date of orientation session |  |
| Last name, first name, middle name/patronymic (full)  |  |
| Date of birth |  |
| Position |  |
| Subdivision |  |
| Signature |  |

|  |  |
| --- | --- |
|  | Подпись |
| Familiarized with the results of a special assessment of working conditions in the workplace. | ✓ |
| Familiarized with the results of assessing occupational risks in production. | ✓ |

If you believe that there are harmful and/or dangerous production factors at your workplace, contact the Occupational Safety and Health Service.