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| --- | --- |
| **Apollo** |  |

# New Subcontractor/Employee/Vendor/Checklist

## EMPLOYEE INFORMATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employee Name:  |  |  | Start date:  |  |
| Contractor:  |  |  | Point of Contact |  |

## Requirements

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| --- | --- |
|  REQUIREMENT |  SIGNATURE OF PARTICIPANT |
| Verification of Required Training |  |
| Orientation: Facility |  |
| Orientation: Apollo |  |
| Pre Job Planning |  |
| Job/Facility Walk & Scope Prior to Start |  |
| Assign Escort Buddy |  |
| Name of Buddy: |  |
| Validation of Requirements |  |
| Understanding of Roles & Responsibilities |  |
| Released to Work |  |

 |  |  |

## Signatures

 Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

 Safety Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

 F.W.S: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_