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

# New Subcontractor/Employee/Vendor/Checklist

## EMPLOYEE INFORMATION

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

## Requirements

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | 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: \_\_\_\_\_\_\_\_\_\_\_\_\_