



## HAWK OILFIELD SERVICE SHORT SERVICE EMPLOYEE NOTIFICATION FORM

### Short Service Employee Information (completed by HR Specialist)

<b>Employee Name (Print)</b>	
<b>Employee Hire Date</b>	<b>Change Date:</b>
<b>Current Job Title</b>	
<b>Time in Present Position</b>	
<b>Years of Oilfield Experience</b>	
<b>Types of Oilfield Experience</b>	

### SSE Mentor Information (completed by Supervisor)

<b>Employee Name (Print)</b>	
<b>Employee Hire Date</b>	
<b>Current Job Title</b>	
<b>Time in Present Position</b>	
<b>Years of Oilfield Experience</b>	
<b>Types of Oilfield Experience</b>	

### Supervisor Sign-Off (Send to Project Manager)

<b>Print Name:</b>	<b>Print Job Title:</b>	<b>Signature:</b>

### Send to Safety and HR Directors and retain in employee's files.

<b>Employee has received the required Safety Orientation</b>	Yes		No	
<b>Employee has received all required Safety Training *</b>	Yes		No	
<b>Employee has received the required safety training except (Attach list of any exceptions)</b>	Yes		No	

\* Safety training shall be determined and conducted by individual company policies and procedures, in compliance with all regulatory requirements.



## SHORT SERVICE EMPLOYEE CHECK LIST

Mentor's Initials as Completed	SSE Initials as Completed	Short Service Employee sets clear expectations and consequences for safe behaviors.
		Does not take unnecessary risks.
		Asks for help when needed.
		Does not try to lift or handle too heavy of a load. Gets mechanical help when needed.
		Raises awareness of possible hazards.
		Intervenes with unsafe behaviors.
		Understands his/her "stop work" authority and responsibility
		<b>Short Service Employee demonstrates ability to do job required:</b>
		Works in a craftsman-like manner.
		Has clear understanding of job to be done.
		<b>The new employee can use tools safely by:</b>
		Communicating
		Demonstrating
		Observing
		<b>New Employee is able to identify the following at the work site:</b>
		Struck by hazards
		Crushed by hazards
		Burns and scalds
		Sharp objects and precautions
		Trip hazards and precautions
		Electrical hazards and precautions
		Fall hazards and precautions
		Hot and / or cold surfaces, piping and equipment
		Chemical hazards and precautions
		Emergency procedures
		Emergency communications
		Respiratory hazards and precautions
		Toxic substance hazards and precautions (ex. Bromide)
		Any additional hazards specific to the job site
		<b>Short Service Employee exhibits compliance to:</b>
		General safety rules and policies
		Safety rules and policies specific to the job being performed
		Housekeeping policies
		PPE requirements
		<b>Short Service Employee shows competency on following equipment:</b>
		a. Equipment Name:
		b. Equipment Name:
		c. Equipment Name:
		Other:

Mentor	New Employee	
Today's Date	New Hire Date	
Review Dates:   30 day review _____   60 day review _____   90 day review _____ 120 day review _____   150 day review _____   180 day review _____		
DIST:            Site Supervision - original                      Project File – copy                      Safety Dept. - copy		



## Job Orientation Guide

Company: (Enter your Company Name)  
Trainer: (Enter Name of Trainer)  
Date: (Enter Date of Orientation)

Employee: (Enter Employee Name)  
Hire Date: (Enter Employee's Hire Date)  
Position: (Enter Employee's Job Title)

This checklist is a guideline for conducting employee safety orientations for employees new to (Customize by adding the name of your company). Once completed and signed by the supervisor and employee, it serves as documentation that orientation has taken place.

	Date	Initials
1. Explain the company safety program, including:		
Orientation	_____	_____
On-the-job training	_____	_____
Safety meetings	_____	_____
Accident investigation	_____	_____
Disciplinary action	_____	_____
2. Use and care of personal protective equipment, (e.g., hard hat, fall protection, eye protection, foot protection, FRC, etc.)	_____	_____
3. Line of communication and responsibility for immediately reporting accidents.		
A. When to report an injury	_____	_____
B. How to report an injury	_____	_____
C. Who to report an injury to	_____	_____
D. Filling out accident report forms	_____	_____
4. General overview of operation, procedures, methods and hazards as they relate to the specific job	_____	_____
5. Pertinent safety rules of the company	_____	_____
6. "Stop Work" Authority and responsibility is understood	_____	_____
7. First aid supplies, equipment and training		
A. Obtaining treatment	_____	_____
B. Location of Facilities	_____	_____
C. Location and names of First-aid trained personnel	_____	_____
8. Emergency plan		
A. Exit location and evacuation routes	_____	_____
B. Use of fire fighting equipment (extinguishers, hose)	_____	_____
C. Specific procedures (medical, chemical, etc.)	_____	_____
9. Vehicle safety	_____	_____
10. Personal work habits		
A. Serious consequences of horseplay	_____	_____
B. Fighting	_____	_____
C. Inattention	_____	_____
D. Smoking policy	_____	_____
E. Good housekeeping practices	_____	_____
F. Proper lifting techniques	_____	_____

NOTE TO EMPLOYEES: Do not sign unless ALL items are covered and ALL questions are satisfactorily answered.

The signatures below document that the appropriate elements have been discussed to the satisfaction of both parties, and that the supervisor and the employee accept responsibility for maintaining a safe and healthful work environment.

Date: \_\_\_\_\_ Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Employee's Signature: \_\_\_\_\_