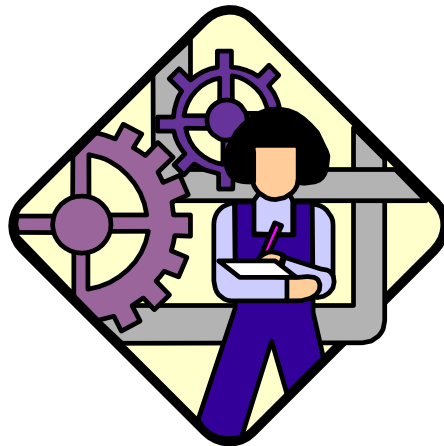


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OPERATIONS DEPARTMENT ORIENTATION MANUAL



*This program was developed and
is being shared courtesy of
Oro Loma Sanitary District*

OPERATOR-IN-TRAINING ORIENTATION CHECKLIST

Orientation prepared for: _____

Orientation start date: _____

Orientation completion date: _____

PURPOSE: THE PURPOSE OF THIS ORIENTATION PROGRAMS IS THREEFOLD:

- #1** *The first goal of this orientation program is to ensure a safe manner of work through demonstrated hands-on application.*
- #2** *The second goal is to orientate the new operator to supplies, equipment, systems and jobsites by way of a walking tour and demonstration.*
- #3** *The third goal of this program is to familiarize the entry operator to established methods of operation by way of peer review.*

Welcome to the Maintenance Department! We want your time on the job to be productive and fulfilling. We work as individuals and as a team. Our goal is to build a team of competent and dedicated operators who are here for each other, as well as the District.



*Disclaimer: The entering operator will be properly oriented to the department's "tried and true" established methods as a foundation to begin working in Operations. However, all operators are strongly encouraged to "think out of the box," and try new ways of getting the job done **right, safe and now!***

**Human Resources Hiring Checklist –
Necessary Forms and Procedures**

Employee Name _____ Date of Hire / /

Need to Use?	Form Description	Date Give	Date Rec'd	Date Filed/Sent
<input type="checkbox"/>	Employment Letter/Hiring Confirmation	<u> </u> / <u> </u> / <u> </u>	N/A	N/A
<input type="checkbox"/>	<u>Form W-4: Employee Withholding</u>	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>
<input type="checkbox"/>	Form I-9: Employment Eligibility Verification (INS) (see sample policy and I-9 form)	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>
<input type="checkbox"/>	<u>Workers' Compensation Information</u>	<u> </u> / <u> </u> / <u> </u>	N/A	N/A
<input type="checkbox"/>	Personal Physician Designation Form*	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>
<input type="checkbox"/>	<u>Form DE 2515: Disability Insurance Pamphlet</u>	<u> </u> / <u> </u> / <u> </u>	N/A	N/A
<input type="checkbox"/>	Initial Notice of COBRA Rights*	<u> </u> / <u> </u> / <u> </u>	N/A	N/A
<input type="checkbox"/>	HIPPA Questionnaire	N/A	N/A	<u> </u> / <u> </u> / <u> </u>
<input type="checkbox"/>	<u>Form DE-34: Report of New Employee(s)*</u>	N/A	N/A	<u> </u> / <u> </u> / <u> </u>
<input type="checkbox"/>	<u>Sexual Harassment Information Sheet</u>	<u> </u> / <u> </u> / <u> </u>	N/A	N/A
<input type="checkbox"/>	<u>Initial Safety Training</u>	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>
<input type="checkbox"/>	Employee Orientation	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>
<input type="checkbox"/>	Emergency Information	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>
<input type="checkbox"/>	Employee handbook Receipt	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>
<input type="checkbox"/>	Health Insurance and Benefits Information	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>
<input type="checkbox"/>	Employer Property return Agreement	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>
<input type="checkbox"/>	Confidentiality Agreement	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>
<input type="checkbox"/>	Form DE-4: California Employee Withholding	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>
<input type="checkbox"/>	Other:	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>
<input type="checkbox"/>	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>
<input type="checkbox"/>	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>

Safety Department New Employee Checklist*

(please note that this list was developed to reflect typical Operations activities and the corresponding training requirements. Where "Affected" is indicated, you will need to evaluate the position for applicability)

Topic	CCR Title 8	Trainer's Initials	Trainee's Initials	Which Employees?	Date Completed
Bloodborne Pathogens/ Universal Precautions	5193(g)(2)			All	
Confined Space Entry (classroom)	5157(g)			Affected	
Confined Space Entry (field)	5157(g)			Affected	
Confined Space Permit Review	5157(D)(14)			Affected	
Cranes/Hoists	5006			Affected	
CPR/First Aid	5151(k)(D) 5192(q)			All	
Defensive Driving	-			All	
DOT Drug & Alcohol for Drivers	49CFR382.601			Affected	
Emergency Response Plan	3220, 3221, 5192(q), 6184			All	
Ergonomics	5110(b)			All	
Excavation/Trenching	1541			Affected	
Fire Prevention Plan/ Fire Extinguishers	6151(g)			All	
Flaggers	1599(f)			Affected	
Forklift Operation	3664(a)			Affected	
HazCom	5194(h)			All	
Hearing Protection	5099(a)(2)			All	
Baseline Hearing Exam				All	
Hotwork Permit	-			Affected	
IIPP	3203(a)(7)(A)			All	
Ladder Safety	3276-3280			All	
LOTO	3314, 2320			All	
PPE	3380(c)			All	
Respiratory Protection Program	5144(k)			Affected	
Respiratory Medical Evaluation	5144(e)			Affected	
Respirator Fit Test	5144(f)(2)			Affected	
Safety Orientation (IIPP)	3203(a)(7)(B)			All	
Traffic Control	1598			Affected	
Welding/Cutting Safety	4799			Affected	

SUPERVISOR: _____

DATE: _____

Signature: _____

New Employee Training Form SAFETY

TRAINEE NAME: _____ **DATE OF HIRE:** _____

Job Related Duties	Trainer	Trainees Initials	Completion Date
SAFETY EQUIPMENT			
1. Personnel			
2. Safety Trailer			
3. Gas Detectors			
4. Lock Out/Tag Out			
5. Inline GFI Breakers			
CONFINED SPACE			
1. Use of Gas Detectors			
2. Knowledge of Confined Space Safety Equipment			
3. Permitted/Non-Permitted Areas			
4. District Radio System			
5. Filling Out Permit			
6. Notification			
LOCK OUT/TAG OUT			
1. Procedure			
2. Personal Locks (Issued)			
3. Recordkeeping			
SAFETY MANUALS			
1. Location and Review			
2. O&M Manual			
3. MSDS Manual			
4. SOP Manual			

SUPERVISOR: _____ **DATE:** _____

Signature: _____

New Employee Training Form TOOLS AND EQUIPMENT

TRAINEE NAME: _____ **DATE OF HIRE:** _____

Job Related Duties	Trainer	Trainees Initials	Completion Date
ELEVATED WORK AREAS			
1. Ladders			
2. Scaffolding			
3. Safety Harness			
LAB PROCEDURES			
1. Standard Routine Lab Tests			
FIELD EQUIPMENT			
1. Backhoe			
2. Diesel Air Compressor			
3. 6" Diesel Pumps			
4. Forklift			
5. All Generators			
CHEMICAL HANDLING			
1. Hypochlorite			
2. Polymers			
3. Acids			

SUPERVISOR: _____ **DATE:** _____

Signature: _____

New Employee Training Form ON THE JOB

TRAINEE NAME: _____ DATE OF HIRE: _____

Job Related Duties	Trainer	Trainees Initials	Completion Date
P. M. PROGRAM PLANT			
1. P.M. Program Plant			
2. Valve Exercising Program			
3. P.M. Program EBDA			
4. Battery Servicing			

SUPERVISOR: _____ DATE: _____

Signature: _____