



# NATIONAL FRAMERS COUNCIL ORIENTATION CHECKLIST

## First Aid Procedures:

- Know the addresses for emergency clinics near the jobsite.

## Minor First Aid Treatment

Know the location of first aid kits. If you sustain an injury or are involved in an accident requiring minor first aid treatment, please follow the guidelines below:

- Inform your supervisor immediately.
- Administer first aid treatment to the injury or wound.
- If a first aid kit is used, indicate what was used on the accident investigation report. (Access to a first aid kit is not intended to be a substitute for medical attention.)
- Provide details to your supervisor for completion of Employer's First Report of Injury (accident report).



## Non-Emergency Medical Treatment

For non-emergency, work-related injuries requiring professional medical assistance, management must first authorize treatment before you go to a doctor/clinic. If you sustain an injury requiring treatment other than first aid, please follow the guidelines below:

- Inform your supervisor of the injury and he/she may need to call the Company office to receive medical treatment authorization.
- Go to the medical facility if authorized by your supervisor. Your supervisor will assist with transportation if necessary.
- Provide details to your supervisor after treatment has been received for completion of Employer's First Report of Injury (accident report).

## Emergency Medical Treatment

If a severe injury requiring emergency treatment occurs, please follow the guidelines below:

- Call 911.**
- Have someone inform your supervisor immediately and request his/her assistance.
- Within 24 hours of the Employee being stabilized with medical treatment, provide immediate details for completion of Employer's First Report of Injury (accident report).

## Jobsite Accident Investigation:

An accident is "an undesired event that results in personal injury or property damage." Each and every accident must be investigated to ascertain what really happened and why.

- The Superintendent or Safety Coordinator is responsible for completing the appropriate jobsite accident report and conducting the investigation.
- After an accident, the Safety Coordinator should be notified as soon as possible.
- Identify and interview each witness and any other person who might provide clues to the accident's cause(s), using the Witness Statement.
- Take photos of the accident.
- Complete the appropriate jobsite accident report.
- Jobsite accident reports must be submitted to the Safety Coordinator within 24 hours of the accident.
- The Superintendent or Safety Coordinator shall share lessons learned from the accident to help prevent future accidents.

## Safety Rules:

### General

- Employees shall attend jobsite safety meetings as required by the Company.
- If an Employee observes any unsafe practice that poses a potential threat to his/her health or safety or the health or safety of other Employees, the Employee must be reported to his/her supervisor.
- Report all injuries, regardless of how minor, to your supervisor and the competent person within 24 hours. In the event of an accident involving personal injury or damage to property, all persons involved in any way may be required to submit to drug/alcohol testing.
- Alcohol and/or other drugs are not allowed on Company property or in Company vehicles at any time.
- The lawful possession of firearms shall comply with federal and state regulations, as well as any adopted Company policy. Unlawful possession of firearms is strictly prohibited.
- "Horseplay" on the jobsite is strictly prohibited. Running on the jobsite is allowed only in an emergency.
- Warning signs, barricades and tags must be used to the fullest extent and shall be obeyed by all Employees.
- Place cords, ropes, etc. out of walkways to avoid tripping hazards.
- Heaters and open flames must be kept away from combustible materials.
- Employees shall know the location of fire extinguishers, first aid kits and hazard material information.
- Know your supervisor's cell phone number.

### Personal Protection Equipment

- Hard hats and safety glasses must be worn at all times while on the jobsite by anyone on the site.
- Work shoes or boots with slip-resistant soles must be worn on the jobsite at all times.
- Work gloves must be worn when engaged in work activity that could cause a laceration or puncture wound of the wrists or hands on the jobsite.
- Proper work attire must be worn to protect the body and limbs from lacerations and puncture wounds. Clothing must also be worn to protect the body given jobsite climate conditions.
- Ear plugs must be worn on the jobsite when an Employee's decibel exposure exceeds 85 decibels.



### Fall Protection

- Each Employee on a walking/working surface (horizontal or vertical) with an unprotected side or edge that is 6 ft. (1.8 m) or more above a lower level shall be protected from falling by the use of a guardrail, personal fall arrest system or other OSHA recommended fall protections standards. If conventional fall protection methods are not feasible or cause a greater hazard, then a site specific fall protection plan shall be used.
- Be aware of your surroundings and of Employees working above you.
- Keep materials and equipment at least 6 ft. (1.8 m) from the leading edge unless a guardrail system is in place.
- All holes/openings (including skylights) shall be covered and/or protected by a guardrail system.
- Construct all hole covers so they will effectively support two times the weight of Employee's equipment and materials that may be imposed on the cover at any one time.
- Hole covers must be labeled using the word "HOLE," or similar language.



### Personal Fall Arrest Systems (PFAS)

- A PFAS shall consist of a body harness, a lanyard with shock absorbing pack, and a rope grab and locking snap hook for connection to suitable objects of sufficient strength.
- Do not use a body belt as a personal fall arrest system. Full body harnesses are required.
- Guardrail systems do not provide adequate anchorage points for PFAS.
- Inspect PFAS prior to each use for wear, damage and other deterioration. Remove defective components from service.

## Positioning Device Systems/Retractables

- ✓ A positioning device system shall consist of a body harness system rigged to allow an Employee to be supported on an elevated vertical surface.
- ✗ Guardrail systems do not provide adequate anchorage points for positioning device systems.
- ✓ Inspect positioning device systems prior to each use for wear, damage and other deterioration. Remove defective components from service.

## Ladders

- ✓ Always inspect a ladder before using it and after any incident that may compromise its integrity. Keep the ladder free of any slippery material on the rungs, steps or feet.
- ✓ Look for overhead power lines before handling a ladder to avoid electrical hazards that can cause electrocution or electric shock.
- ✓ Always maintain a three-point contact (two hands and a foot, or two feet and a hand) on the ladder when ascending or descending.
- ✓ For every four feet of height a ladder extends, its base should be placed one foot from what the ladder leans against.
- ✓ Extension ladders must be overlapped a minimum of three rungs. Be sure latches are fully engaged.
- ✓ Job-made ladders must meet OSHA requirements.
- ✗ Never stand on the top three rungs of a straight or extension ladder.
- ✗ Never sit or stand on the top or top step of a stepladder.
- ✗ Do not use a step ladder as a single ladder or in a partially closed position.



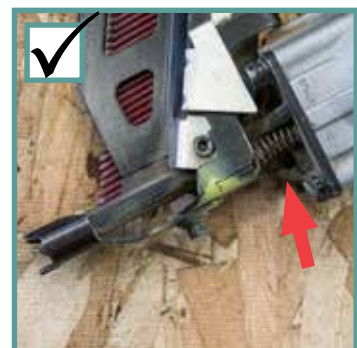
## Scaffolding

- ✓ Install guardrail systems on all open sides and ends on all scaffolds where the drop-off is 6+ ft. (1.8+ m). If not, all Employees shall use proper fall protection.
- ✓ Scaffolding must be at least 10 ft. (3.1 m) from power lines.



## Guardrails

- ✓ Inspect guardrails daily for damage and make repairs as soon as practical.
- ✓ Place guardrails at all window and door openings until window and door is set.
- ✓ All guardrails should have top rails at 42 in. (1.1 m), midrails at 21 in. (.5 m), ±3 in. (7.6 cm) and a 3.5 in. (8.9 cm) tall toe board. Vertical rails should be a minimum of every 8 ft. (2.4 m).
- ✓ Guardrails should be free of defects from protruding nails or damaged wood.



## Power-Operated Hand Tools

- ✓ Read and follow all manufacturer's instructions and recommendations. Do not alter the power-operated hand tool.
- ✓ Always inspect the tool before each use. All guards/shields must be properly attached. Remove damaged tools from service using proper Lockout/Tagout procedures.
- ✓ Only trained and authorized Employees may use power-operated hand tools. Employees shall have a current certification card.
- ✓ All pneumatic nail guns must have a safety spring installed.

## Electrical Cords

- ✓ Inspect all extension cords, drop cords and electrical tools before use and make sure they are properly grounded with ground fault circuit interrupters (GFCIs).
- ✓ Remove cords and equipment that do not meet requirements from service immediately using proper Lockout/Tagout procedures.
- ✓ Electrical equipment must be grounded.
- ✓ All electrical tools must be double insulated.



## Jobsite Equipment

- ✓ Inspect equipment each day before use. Follow proper Lockout/Tagout procedures when removing equipment from service.
- ✓ Only trained and authorized Employees may operate jobsite equipment. Operators shall have a current certification card.
- ✓ Wear seat belts or harnesses when operating equipment, as applicable.
- ✗ Do not ride as a passenger on equipment unless the equipment has the safe capacity for transporting Employees.
- ✓ Keep a safe distance from jobsite equipment when it is starting and moving.
- ✓ Be aware of holes, debris, obstacles, drop-offs, rough patches and overhead hazards. Alert the equipment operator if these conditions are present.



## Housekeeping

- ✓ Housekeeping shall be an integral part of every job. Every Employee is responsible for keeping his or her work areas clean and hazard-free.
- ✓ Drinking water containers are to be used for drinking water and ice only. The “common drinking cup” is not allowed. Only disposable cups will be used and must be discarded properly.

## Hazard Communication (HAZCOM) Program:

- ✓ A library of Safety Data Sheets (SDS) is kept in a place that is readily available to all Employees, which is indicated with signage.
- ✓ Training will occur prior to the Employee engaging in work with hazardous materials, and will include where the hazardous materials are present and the physical and health aspects of the materials in use.

This Orientation Checklist does not represent a comprehensive list of safety rules that must be followed on the job-site. For additional specific safety practices and legal requirements relevant to a particular jobsite, you should rely on the site specific safety manual, general contractor rules and specific OSHA Regulations.

The Structural Building Components Association (SBCA) and the National Framers Council (NFC) make no representations as to the effectiveness of any of the techniques and recommendations discussed in this Orientation Checklist. THE INFORMATION IS INTENDED AS A GENERAL GUIDE TO SAFETY PRACTICES ONLY AND IS NOT INTENDED TO PROVIDE SPECIFIC GUIDANCE OR OPINION, LEGAL OR OTHERWISE. The publication of these materials furthermore does not constitute an explicit or implicit endorsement by SBCA or the NFC.



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National Framers Council is a council of SBCA – Structural Building Components Association.



# NFC ORIENTATION CHECKLIST ACKNOWLEDGEMENT FORM

Jobsite Name: \_\_\_\_\_

General Contractor: \_\_\_\_\_

Jobsite Location: \_\_\_\_\_

Trainer(Print Name): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My signature below certifies that I have received orientation training and read the material in the Orientation Checklist. I understand the Orientation Checklist and have no questions. I fully understand and am aware that if I have any questions regarding the Orientation Checklist, or my personal safety, I may inquire of my supervisor and/or employer for additional information and explanation.

1.	_____ Employee (Print Name)	_____ Signature	_____ Date	15.	_____ Employee (Print Name)	_____ Signature	_____ Date
2.	_____ Employee (Print Name)	_____ Signature	_____ Date	16.	_____ Employee (Print Name)	_____ Signature	_____ Date
3.	_____ Employee (Print Name)	_____ Signature	_____ Date	17.	_____ Employee (Print Name)	_____ Signature	_____ Date
4.	_____ Employee (Print Name)	_____ Signature	_____ Date	18.	_____ Employee (Print Name)	_____ Signature	_____ Date
5.	_____ Employee (Print Name)	_____ Signature	_____ Date	19.	_____ Employee (Print Name)	_____ Signature	_____ Date
6.	_____ Employee (Print Name)	_____ Signature	_____ Date	20.	_____ Employee (Print Name)	_____ Signature	_____ Date
7.	_____ Employee (Print Name)	_____ Signature	_____ Date	21.	_____ Employee (Print Name)	_____ Signature	_____ Date
8.	_____ Employee (Print Name)	_____ Signature	_____ Date	22.	_____ Employee (Print Name)	_____ Signature	_____ Date
9.	_____ Employee (Print Name)	_____ Signature	_____ Date	23.	_____ Employee (Print Name)	_____ Signature	_____ Date
10.	_____ Employee (Print Name)	_____ Signature	_____ Date	24.	_____ Employee (Print Name)	_____ Signature	_____ Date
11.	_____ Employee (Print Name)	_____ Signature	_____ Date	25.	_____ Employee (Print Name)	_____ Signature	_____ Date
12.	_____ Employee (Print Name)	_____ Signature	_____ Date	26.	_____ Employee (Print Name)	_____ Signature	_____ Date
13.	_____ Employee (Print Name)	_____ Signature	_____ Date	27.	_____ Employee (Print Name)	_____ Signature	_____ Date
14.	_____ Employee (Print Name)	_____ Signature	_____ Date	28.	_____ Employee (Print Name)	_____ Signature	_____ Date



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Jobsite Name: \_\_\_\_\_

29.	Employee (Print Name)	Signature	Date	47.	Employee (Print Name)	Signature	Date
30.	Employee (Print Name)	Signature	Date	48.	Employee (Print Name)	Signature	Date
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46.	Employee (Print Name)	Signature	Date	64.	Employee (Print Name)	Signature	Date

# NFC ORIENTATION CHECKLIST ACKNOWLEDGEMENT FORM • page 3

Jobsite Name: \_\_\_\_\_

65.	Employee (Print Name)	Signature	Date	83.	Employee (Print Name)	Signature	Date
66.	Employee (Print Name)	Signature	Date	84.	Employee (Print Name)	Signature	Date
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