

BLOOMINGTON PUBLIC SCHOOLS

Custodial Employee Orientation

(Bloomington Schools' training procedures require this form to be completed for all new and transferred custodial staff and filed with the Buildings & Grounds Office)

EMPLOYEE _____ BLDG _____

GIVEN BY _____ DATE _____

Sup / Emp Initial

Sup / Emp Initial

1. _____ * Where to park your vehicle
2. _____ * Familiarize with Custodial office/break room. (coats & lunches)
3. _____ * Introduce to Principle and appropriate staff.
4. _____ * Location of Procedures Manual (Emergency procedures & phone numbers)
5. _____ * Location of Health & Safety Manual/MSDS (Employee Rights to Know)
6. _____ * Security system operation (key pad/sensors/codes)
7. _____ * How to fill out a time sheet and myleave.
8. _____ * Shift times (start _____/stop _____) (coffee _____ & lunch breaks _____) time and length.
9. _____ * Upon arrival, report to _____
If you won't be in for any reason, Phone _____ by _____
10. _____ * Smoke free school and grounds.
11. _____ * Appropriate dress for work/uniforms.
12. _____ * Never leave building unattended or leave before your scheduled shift is over. You must notify your Supervisor.
13. _____ * Tour Area to work: light switches, exhaust fan switches, etc.

14. _____ * Location of the Red file cabinet
15. _____ * Location of Emergency contact numbers Chain of command (order to call)
16. _____ * Location of Sprinkler shut down
17. _____ * Location of Water shut down
18. _____ * Fire alarm system: Location/operation
19. _____ * Section:
 - a. Custodial closets (location, stocking, organization & cleanliness). Keep locked!
 - b. Equipment location and proper use and maintenance.
 - c. Chemical: What to use, where.
 - d. Classroom cleaning.
 - e. Restroom cleaning.
 - f. Repairs – plumbing, carpet, electrical
20. _____ * All lights off, doors and windows locked
21. _____ * Keys issued: -

22. _____ * Review E-mail and voice mail procedures
23. _____ * Evaluations – 30 and 60 days
24. _____ * Sick & Vacation Leave Policy
25. _____ * Other / Comments

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

**** COMPLETE FOR ALL TRANSFERRED OR NEW CUSTODIAL STAFF ****

This must be returned to Building & Grounds within 48 hours of staff starting.

SUPERVISOR – REMINDER: Please complete an evaluation form on all transferred or new employees after 30 working days (date _____) and 60 working days (date _____) and forward to Buildings and Grounds Dept.