

	Gautam Solar Private Limited	Document No.	GSPL/HR/OC/006
		Issue Date	01-12-2024
	ORIENTATION CHECKLIST	Rev. No. /Date	00
	CHECKLIST	Page	Page 1 of 1

Please check the boxes on completing each item on the list

<input type="checkbox"/> Company Overview <input type="checkbox"/> Company Products <input type="checkbox"/> Harnessing Solar energy: Introduction to solar energy and working of a solar cell. <input type="checkbox"/> Raw Materials : Various components used in a solar module <input type="checkbox"/> Manufacturing Process <input type="checkbox"/> Plant Orientation <input type="checkbox"/> Company's Safety Policies and Procedures: <table border="0" style="width: 100%;"> <tr> <td> <input type="checkbox"/> Work wear  <input type="checkbox"/> Clean room operational guidelines  <input type="checkbox"/> First Aid  <input type="checkbox"/> Emergency Response  <input type="checkbox"/> Electrical safety Policy  <input type="checkbox"/> Equipment and Machinery Safety Policy         </td> <td> <input type="checkbox"/> Chemical Handling and Hazardous Materials Policy  <input type="checkbox"/> Quality policy  <input type="checkbox"/> Health, Safety and Environment Policy  <input type="checkbox"/> Fire Safety and Emergency Evacuation Policy  <input type="checkbox"/> Workplace Management         </td> </tr> </table>	<input type="checkbox"/> Work wear <input type="checkbox"/> Clean room operational guidelines <input type="checkbox"/> First Aid <input type="checkbox"/> Emergency Response <input type="checkbox"/> Electrical safety Policy <input type="checkbox"/> Equipment and Machinery Safety Policy	<input type="checkbox"/> Chemical Handling and Hazardous Materials Policy <input type="checkbox"/> Quality policy <input type="checkbox"/> Health, Safety and Environment Policy <input type="checkbox"/> Fire Safety and Emergency Evacuation Policy <input type="checkbox"/> Workplace Management
<input type="checkbox"/> Work wear <input type="checkbox"/> Clean room operational guidelines <input type="checkbox"/> First Aid <input type="checkbox"/> Emergency Response <input type="checkbox"/> Electrical safety Policy <input type="checkbox"/> Equipment and Machinery Safety Policy	<input type="checkbox"/> Chemical Handling and Hazardous Materials Policy <input type="checkbox"/> Quality policy <input type="checkbox"/> Health, Safety and Environment Policy <input type="checkbox"/> Fire Safety and Emergency Evacuation Policy <input type="checkbox"/> Workplace Management	

Employee Name:		Date of Birth:	Employee ID:
Designation:	Date of Joining:	<input type="checkbox"/> Permanent <input type="checkbox"/> Contractual <input type="checkbox"/> Apprenticeship	<input type="checkbox"/> Fresher <input type="checkbox"/> Experienced
Orientation date:	Address:		
Orientation Time:			

1- Strongly Disagree   2- Somewhat Disagree   3- Neither Agree Nor Disagree   4- Somewhat Agree   5- Strongly Agree					
<b>Feedback :</b>	1	2	3	4	5
I was provided accurate information about Company during the recruitment process.					
The organizational values of Company align well with my own values.					
I am feeling welcomed here.					
I liked the overall Orientation experience.					

ADDITIONAL SUGGESTIONS FOR IMPROVEMENT:

I am declaring that I have completed the above orientation process and information regarding the above items has been explained to me.

Date:	Employee Signature:
Orientation regarding these items was provided to the above-named employee.	
Date:	Supervisor Signature: