



# OJT Checklist

CSM version

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## PURPOSE

The OJT checklist:

- Provides a roadmap of OJT learning for a new CSM
- Focuses on four-buckets of job-performance (Production, Administrative, Process and Audits, and Sales Floor)
- Ensures all 6 weeks of OJT learning is completed within an acceptable timeframe

This checklist should be used in conjunction with the following documents:

- Combined OJT – CSM
- Pre/Post Assessment – CSM

## ADDITIONAL INSTRUCTIONS

- Direct supervisors are responsible for training their direct reports.
- Print and fill out the OJT Checklist and Pre/Post Assessment – CSM.
- Training must be completed within each defined week timeframe. Both the team member and manager must sign off each week.
- The direct supervisor is responsible for sending the signed off week page(s) of the OJT Checklist to their District Manager every week.
- Provide a copy of this checklist as well as the Combined OJT – CSM to the team member.
- Once the OJT Checklist and Pre/Post Assessment is complete, save to designated store folder.

**Orientation – Confirm all new hire paperwork and courses listed below are complete before proceeding with LMS Required Courses and OJT portion.**

Employee Handbook with Acknowledgement (30:00)

Bloodborne Pathogens Presentation with Acknowledgement (15:00)

The CSM should take Online GSO within first 30 days or as soon as possible after start date or promotion.



## LMS REQUIRED COURSES

Access the Learning Management System (LMS) to take the following required courses.

**Before moving forward with the On the Job Training (OJT) section, login to the LMS.**

**Access your learner's transcript to confirm the LMS required courses are complete.**

### Compliance Training

- Workplace Violence Prevention (20:00)
- Sexual Harassment Prevention for Employees (30:00)
- Workplace Harassment for Employees (30:00)
- Active Shooter Response (15:00)
- Diversity and Inclusion in the Workplace (30:00)

### Asset Protection Training

- Code Adam (14:23)
- Counterfeit Bills and Money Checker and Quick Change (11:00)
- Found Money and Employee Theft (12:00)
- Work Related Injury Process (20:00)
- Robbery and Burglary (3:04)
- Shoplifting Prevention (11:10)

### Safety Training

- Bomb Threats & Suspicious Package Items (10:00)
- Customer Accident and Property Damage (12:00)
- Gaylord Safety (3:05)
- Back & Lifting Safety (7:00)
- Fire Safety (15:00)
- Hazard Communication Standard (5:00)

**Note:** Additional training may be required. See your direct supervisor for more information.

# Sales Floor

WEEK 1 – SALES FLOOR OVERVIEW

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**Objective:** Conduct and manage retail operations on the sales floor

Exercise Title	Completed
Exercise 1: Grand Opening Condition	<input type="checkbox"/> Y <input type="checkbox"/> N
Exercise 2: Retail Sales Associate (RSA) Overview	<input type="checkbox"/> Y <input type="checkbox"/> N
Exercise 3: Customer Service Overview	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>Approx. duration for this section:</b> 90 min + 2 days practice	

1. What were the key points you learned in this section?

2. How will you or have you applied what you learned?

Store Number: \_\_\_\_\_ Date: \_\_\_\_\_

Team Member Signature: \_\_\_\_\_ Manager Signature: \_\_\_\_\_

## Sales Floor

### WEEK 2 – POINT OF SALE (POS) OPERATIONS

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At the end of this OJT, learners will be able to:

- Perform tasks on the Point of Sale (POS)
- Evaluate cash handling procedures
- Analyze deposits and bank procedures

Exercise Title	Completed
Exercise 1: POS Operations	<input type="checkbox"/> Y <input type="checkbox"/> N
Exercise 2: Manager POS Functions	<input type="checkbox"/> Y <input type="checkbox"/> N
Exercise 3: Money Management	<input type="checkbox"/> Y <input type="checkbox"/> N
Exercise 4: Troubleshooting Guide	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>Approx. duration for this section: 2 days including observation</b>	

1. What were the key points you learned in this section?

2. How will you or have you applied what you learned?

Store Number: \_\_\_\_\_ Date: \_\_\_\_\_

Team Member Signature: \_\_\_\_\_ Manager Signature: \_\_\_\_\_

## Processes and Audits

### WEEK 3 – ASSET PROTECTION (AP) LOGS AND AUDITS

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**Objective:** Explain how to perform and/or complete AP logs and audits

Exercise Title	Completed
Exercise 1: Bag Checks	<input type="checkbox"/> Y <input type="checkbox"/> N
Exercise 2: Locker Inspection	<input type="checkbox"/> Y <input type="checkbox"/> N
Exercise 3: Register Audit	<input type="checkbox"/> Y <input type="checkbox"/> N
Exercise 4: Vendor Log	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>Approx. duration for this section:</b> 40 minutes	

### WEEK 3 – LPMS AND CAMS

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**Objective:** Differentiate between when to use LPMS and CAMS

Exercise Title	Completed
Exercise 1: Submit/Delete a LPMS Ticket	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>Approx. duration for this section:</b> 15 minutes	

## Processes and Audits

WEEK 3 – CAMERA SYSTEM

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**Objective:** Examine when/how to use the in store camera system

Exercise Title	Completed
Exercise 1: Camera System	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>Approx. duration for this section:</b> 30 minutes	

WEEK 3 – DRESS CODE

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**Objective:** Explain the dress code policy

Exercise Title	Completed
Exercise 1: Review Dress Code Policy	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>Approx. duration for this section:</b> 10 minutes	

1. What were the key points you learned in these sections?

2. How will you or have you applied what you learned?

Store Number: \_\_\_\_\_ Date: \_\_\_\_\_

Team Member Signature: \_\_\_\_\_ Manager Signature: \_\_\_\_\_



## Processes and Audits

### WEEK 4 – FLOOR WORK LOGS AND AUDITS

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**Objective:** Evaluate and follow proper floor work log and audit processes

Exercise Title	Completed
Exercise 1: Floor Work Tasks & RSA Responsibilities	<input type="checkbox"/> Y <input type="checkbox"/> N
Exercise 2: RSA/RMP Floor Work – The Manager's Role	<input type="checkbox"/> Y <input type="checkbox"/> N
Exercise 3: Locate Floor Work Logs	<input type="checkbox"/> Y <input type="checkbox"/> N
Exercise 4: Floor Work Audit/Managers Problem Solve	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>Approx. duration for this section:</b> 1.5 hours	

### WEEK 4 – SAFETY

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**Objective:** Recognize and follow proper safety procedures as outlined for stores

Exercise Title	Completed
Exercise 1: Safety Committee Responsibilities	<input type="checkbox"/> Y <input type="checkbox"/> N
Exercise 2: Safety Audit	<input type="checkbox"/> Y <input type="checkbox"/> N
Exercise 3: Emergency Situations	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>Approx. duration for this section:</b> 2 hours	

WEEK 4 – COACHING, PERFORMANCE MANAGEMENT, AND EMPLOYEE DISCIPLINE

**Objective:** Identify what forms and templates to use for coaching, performance management, and employee discipline issues.

Exercise Title	Completed
Exercise 1: Find Your HR Business Partner (HRBP)	<input type="checkbox"/> Y <input type="checkbox"/> N
Exercise 2: Performance Management Policy	<input type="checkbox"/> Y <input type="checkbox"/> N
Exercise 3: Coaching and Expectations Form	<input type="checkbox"/> Y <input type="checkbox"/> N
Exercise 4: Performance Improvement Plan (PIP)	<input type="checkbox"/> Y <input type="checkbox"/> N
Exercise 5: Corrective Action	<input type="checkbox"/> Y <input type="checkbox"/> N
Exercise 6: Complete a Term Form	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>Approx. duration for this section:</b> 4 hours	

WEEK 4 – HR TOPICS

**Objective:** Locate important information regarding key HR topics.

Exercise Title	Completed
Exercise 1: HR Info Sheets	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>Approx. duration for this section:</b> 2 hours	

1. What were the key points you learned in these sections?

2. How will you or have you applied what you learned?

Store Number: \_\_\_\_\_ Date: \_\_\_\_\_

Team Member Signature: \_\_\_\_\_ Manager Signature: \_\_\_\_\_

## Administrative

WEEK 4 – SUPPORT PARTNERS AND KEY CONTACTS

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**Objective:** Evaluate, examine, and discuss who to contact and for what requests

Exercise Title	Completed
Exercise 1: Emergency Contact Quick Reference and Emergency Response Guide	<input type="checkbox"/> Y <input type="checkbox"/> N
Exercise 2: Who to Contact for What	<input type="checkbox"/> Y <input type="checkbox"/> N
Exercise 3: Submit an HR Ticket	<input type="checkbox"/> Y <input type="checkbox"/> N
Exercise 4: Submit an IT Ticket	<input type="checkbox"/> Y <input type="checkbox"/> N
Exercise 5: Submit a Maintenance Request	<input type="checkbox"/> Y <input type="checkbox"/> N
Exercise 6: Submit an Alarm Code Request	<input type="checkbox"/> Y <input type="checkbox"/> N
Exercise 7: Employee Portal	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>Approx. duration for this section:</b> 1 hour	

1. What were the key points you learned in this section?

2. How will you or have you applied what you learned?

Store Number: \_\_\_\_\_ Date: \_\_\_\_\_

Team Member Signature: \_\_\_\_\_ Manager Signature: \_\_\_\_\_

## Administrative

### WEEK 5 – HIRING PROCESS

**Objective:** Perform all the hiring process steps correctly and in the right order

Exercise Title	Completed
Exercise 1: Understand the Steps of the Hiring Process	<input type="checkbox"/> Y <input type="checkbox"/> N
Exercise 2: Locate Applicants & Set up an Interview	<input type="checkbox"/> Y <input type="checkbox"/> N
Exercise 3: Conduct an Interview	<input type="checkbox"/> Y <input type="checkbox"/> N
Exercise 4: Electronic COE (Conditional Offer of Employment) Process	<input type="checkbox"/> Y <input type="checkbox"/> N
Exercise 5: Electronic Background Check (Eaglescreen)	<input type="checkbox"/> Y <input type="checkbox"/> N
Exercise 6: New Hire Form	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>Approx. duration for this section: 1.5 hours</b>	

### WEEK 5 – ONBOARDING PROCESS

**Objective:** Properly onboard a new team member

Exercise Title	Completed
Exercise 1: Review Good Start Orientation (GSO) Training Materials	<input type="checkbox"/> Y <input type="checkbox"/> N
Exercise 2: Experience Online GSO	<input type="checkbox"/> Y <input type="checkbox"/> N
Exercise 3: Complete an I-9 for the New Hire	<input type="checkbox"/> Y <input type="checkbox"/> N
Exercise 4: Onboard a New Team Member	<input type="checkbox"/> Y <input type="checkbox"/> N
Exercise 5: Determine a New Hire's Training Schedule	<input type="checkbox"/> Y <input type="checkbox"/> N
Exercise 6: Locate Onboarding/Training Resources	<input type="checkbox"/> Y <input type="checkbox"/> N
Exercise 7: Train your New Team Member	
<b>Approx. duration for this section: 3 hours</b>	

## Administrative

### WEEK 5 – INVENTORY MANAGEMENT

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**Objective:** Utilize the inventory resources to complete the following tasks

Exercise Title	Completed
Exercise 1: Create & Receive Purchase Orders	<input type="checkbox"/> Y <input type="checkbox"/> N
Exercise 2: Return to Vendor	<input type="checkbox"/> Y <input type="checkbox"/> N
Exercise 3: Create and Ship Transfer Orders	<input type="checkbox"/> Y <input type="checkbox"/> N
Exercise 4: Receive Transfer Order	<input type="checkbox"/> Y <input type="checkbox"/> N
Exercise 5: Create an Inventory Journal	<input type="checkbox"/> Y <input type="checkbox"/> N
Exercise 6: Quick Reference Guides – Inventory Management	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>Approx. duration for this section: 1.5 hours</b>	

### WEEK 5 – MONTHLY INVENTORY PROCESS

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**Objective:** Complete an inventory cycle count

Exercise Title	Completed
Exercise 1: Perform a Full Inventory Count	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>Approx. duration for this section: 2.5 hours</b>	

1. What were the key points you learned in these sections?

2. How will you or have you applied what you learned?

Store Number: \_\_\_\_\_ Date: \_\_\_\_\_

Team Member Signature: \_\_\_\_\_ Manager Signature: \_\_\_\_\_

## Production Room

WEEK 6 – PRODUCTION BASICS

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**Objective:** Understand the basics of the production room

Exercise Title	Completed
Exercise 1: Production Room Terminology	<input type="checkbox"/> Y <input type="checkbox"/> N
Exercise 2: Basics of Production	<input type="checkbox"/> Y <input type="checkbox"/> N
Exercise 3: Common Production Reports	<input type="checkbox"/> Y <input type="checkbox"/> N
Exercise 4: Production Role Basics	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>Approx. duration for this section:</b> 30 minutes	

WEEK 6 – PRODUCT ON HAND/GAYLORDS PROCESSED

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**Objective:** Evaluate product on hand and gaylords processed

Exercise Title	Completed
Exercise 1: Enter Product on Hand (POH)	<input type="checkbox"/> Y <input type="checkbox"/> N
Exercise 2: Gaylords Processed	<input type="checkbox"/> Y <input type="checkbox"/> N
Exercise 3: Send Final Recap to District Manager	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>Approx. duration for this section:</b> 20 minutes	

## Production Room

### WEEK 6 – FRONT-LINE PRODUCTION ROLES

**Objective:** Performs each front-line production role according to company standards

Exercise Title	Approx. Duration	Completed
Exercise 1: Donation Attendant and Retail Backup Job Shadow	½ day for each	<input type="checkbox"/> Y <input type="checkbox"/> N
Exercise 2: Cloth Team Job Shadow	1 day	<input type="checkbox"/> Y <input type="checkbox"/> N
Exercise 3: Miscel Team Job Shadow	1 day	<input type="checkbox"/> Y <input type="checkbox"/> N
Exercise 4: Linens and Electrical Team Job Shadow	½ day for each	<input type="checkbox"/> Y <input type="checkbox"/> N
Exercise 5: Shoes and Books/Media	½ day for each	<input type="checkbox"/> Y <input type="checkbox"/> N

### WEEK 6 – REPORTING BASICS

**Objective:** Explain what each report measures and why to use (Production Summary, 08A, 08B, 100P, 445, and 05)

Exercise Title	Completed
Exercise 1: Introduction to Reporting	<input type="checkbox"/> Y <input type="checkbox"/> N
Exercise 2: Common Production Reports	<input type="checkbox"/> Y <input type="checkbox"/> N
Exercise 3: Other Common Reports	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>Approx. duration for this section:</b> 30 minutes	

1. What were the key points you learned in these sections?

2. How will you or have you applied what you learned?

Store Number: \_\_\_\_\_ Date: \_\_\_\_\_

Team Member Signature: \_\_\_\_\_ Manager Signature: \_\_\_\_\_

## After OJT/Continued Learning – CSM

WEEK 7 – ASSESS PERFORMANCE AND SIGN UP FOR ADDITIONAL LMS

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At the end of this section, learners will be able to:

- Perform roles according to standards
- Operate a forklift
- Identify medical emergencies
- Administer first aid and CPR

Exercise Title	Approx. Duration	Completed
Manager certifies team member using Pre/Post Assessment	Ongoing	<input type="checkbox"/> Y <input type="checkbox"/> N
Sign up and attend Forklift Operator Training to obtain certification	4 hrs.	<input type="checkbox"/> Y <input type="checkbox"/> N
Sign up and attend CPR, AED, and First Aid Certification	6 hrs.	<input type="checkbox"/> Y <input type="checkbox"/> N

1. What were the key points you learned in these sections?

2. How will you or have you applied what you learned?

Store Number: \_\_\_\_\_ Date: \_\_\_\_\_

Team Member Signature: \_\_\_\_\_ Manager Signature: \_\_\_\_\_