### Company Name - Safety Orientation Checklist***\****

Employee/Contractor Name: Orientation date:

|  |  |
| --- | --- |
| New - Date hired: | Returning - Date returned: |
| Occupational Health & Safety (OHS) Policy and Programs |
|  🞎 OHS and WDP policy |  🞎 Job roles and responsibilities |
|  🞎 Safety programs relevant to worker |  🞎 Safety contact persons: 🞎 - Supervisor:  🞎 - Worker OHS Rep: |

|  |
| --- |
| Safe Work Procedures |
|  🞎 PPE policy and requirements |  🞎 Employee rights:- to refuse unsafe work- to know job hazards and controls- to participate in the safety program |
|  🞎 First Aid procedures and facilities, equipment and personnel |  🞎 Check-in procedures and working alone or in isolation |
|  🞎 Hazard/close-call/incident reporting requirements and procedures |  🞎 WHMIS orientation and location of the Material Safety Data Sheets (MSDS) |
|  🞎 Required safety/inspection duties and checklists |  🞎 Injury management/RTW procedures |
|  🞎 Required safety meetings |  🞎 Progressive discipline policy |
|  🞎 Emergency Response Plan (ERP), emergency procedures, and contact numbers |  🞎 Risk of violence in the workplace and procedures for dealing with violence |
|  🞎 Training, certification, and qualifications verified by the company |  🞎 Hazard & Risk Assessment process and applicable Safe Work Procedures |
|  🞎 Regulatory requirements (such as CLC Part 2 COSHR and WCB OHSR) |  🞎 Dangerous Goods |
|  🞎 Driver Safety |  🞎  |
|  🞎  |  🞎  |

\* Complete this form with every new employee or an employee returning to work after a period of more than 3 months or if procedures have changed during their absence. (The 3-month time frame is only a suggestion as there is no real defined time in regulation.) It is a checklist to ensure that each of these policies and safe working procedures have been covered and are understood by the worker.

**Notes:**

**Date hired:** Use the format yyyy/mm/dd.

**Date returned:** Use the format yyyy/mm/dd.

**WDP:** Workplace Disability Prevention.

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Signature of Employee/Contractor Signature of Supervisor/Trainer

Company Name **Orientation Topic Summary Table**\*

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| --- | --- |
| Orientation Topic | Discussion Points |
| General Requirements |
| Personal Protective Equipment (PPE) | * When and how to use required PPE
* Where to obtain PPE
* Limitation of protection
* Inspection, maintenance and storage
 |
| Emergency Response Plan (ERP) | * How to contact first aid attendants
* Locations of emergency equipment (such as first aid kits, fire extinguishers, spill kits)
* How to use emergency equipment
* Evacuation procedures
 |
|  |  |
| Job Specific Requirements |
| Mobile Equipment (Forklift) for pedestrians | * Speed limits and locations of travel lanes
* Use of eye contact between operator and others in the area
 |
| Lockout/Tag Out (for vehicles and mobile equipment) | * Define lockout
* When to lockout
* Types of lockout
* Review procedures for specific equipment
 |

\* Review this table of orientation topics to ensure it covers all topics that need to be covered in the NE or RTW orientation.

**Notes:**

**General Requirements:** These need to be covered in the orientation for every employee.

**Job Specific Requirements:** These topics need to be covered for individuals who carry out or, as required, are working close to the tasks listed. Add additional job specific requirements to cover all tasks with safety hazards.