Company Name Safety Orientation Checklist

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| **Employee/Contractor Name:** | **Date of Hire:** |
| **Job Title:** | 🞏 Employee🞏 Contractor |
| **Reason for Orientation:** 🞏 New Hire❖ 🞏 Return from Leave❖ 🞏 Transfer/New Task❖  |
| **Safety Policy and Program** |
| 🞏 Health and Safety Policy | 🞏 Progressive Discipline Policy |
| 🞏 Job Roles and Responsibilities | 🞏 Reporting Policy and procedures |
| 🞏 Regulatory Requirements and how to access regulations(NSC, WorkSafeBC, ESDC) | 🞏 Worker Rights (Right to Know, Right to Participate, Right to Refuse) |
| **Safety and Work Procedures** |
| 🞏 Workplace Safety Rules | 🞏 Safety Communications and Meetings |
| 🞏 Instruction and demonstration of work tasks and applicable safe work procedures | 🞏 Hazard and Risk Assessments process and procedures (Primary and FLHA) |
| 🞏 Pre-Use inspections and safety inspections | 🞏 PPE Policies and procedures |
| 🞏 First Aid procedures, facilities, equipment and personnel | 🞏 Emergency response plan procedures and contact numbers |
| 🞏 Dangerous goods handling | 🞏 WHMIS |
| 🞏 Working alone check-in procedure | 🞏 Workplace violence/Violent situations  |
| **Other Company or Site Specific Procedures** |
| 🞏 Payroll | 🞏 Return to work after more than 3 days absence. |
| 🞏 Safety Representative and Company Contacts | 🞏  |
| I have been made aware of the topics above and have been given opportunity to ask questions about areas I did not understand. |
| Worker/Contractor | Date |
| Supervisor/Manager | Date |