SAFETY ORIENTATION CHECKLIST

(Host Organization to complete with student on their first work day)

STUDENT INFORMATION

Name: Michelle	Lyman
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Student Number: 213142369

PLACEMENT HOST ORGANIZATION INFORMATON

Name of Placement Host Organization:

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COMPLETE DURING ORIENTATION	
Name of immediate supervisor and Joint Health and Safety Committee representative (JHSC) or Safety Representative	/
Worker/supervisor rights and responsibilities Production management	✓
Safe work procedures and operation of equipment	V
Use of Personal Protective Equipment (PPE)	✓
Identification of restricted or prohibited areas, tools, equipment and machinery μ/ρ	
Hazards in the workplace that may affect the student, how they're controlled and how to deal with them	
What to do and who to see if the student has a safety concern DonnaGramm	
What to do when there is a fire or other emergency (e.g., evacuation procedures)	
Location of fire exits and fire extinguishers	V
Location of the first aid supplies, equipment, facilities: Names of staff responsible for first aid Dunna Graham How to record first aid treatment	✓
Procedures for reporting accidents and injuries	✓
Workplace Hazardous Materials Information System (WHMIS) N/A	V
Workplace policies and procedures on: Workplace Harassment Violence prevention Working in isolation Smoking/Drinking/Substance abuse	V
Location of other important information Materials Safety Data Sheet (MSDS) Joint Health & Safety Committee Minutes Instructions for safe operation of each piece of equipment (if applicable) Important telephone numbers	/

Please complete this Safety Orientation Checklist during the student's health and safety orientation, and return a completed copy to:

Arlene Gould, Course Director/Design Placement Department of Design TEL 4008 York University 4700 Keele Street Toronto, Ontario M3J 1P3 Email: designpl@yorku.ca

I have completed the Safety Orientation with my Placement Host Organization and/or Placement Supervisor.

Student Signature