



### C-3 NEW EMPLOYEE SAFETY ORIENTATION

#### A – SAFETY ORIENTATION POWER POINT PRESENTATION

1. VISION, KEY VALUES, PRIORITIES \_\_\_\_\_
2. HEALTH & SAFETY POLICY \_\_\_\_\_
3. RIGHTS & RESPONSIBILITIES \_\_\_\_\_
4. GENERAL SAFETY RULES \_\_\_\_\_
5. H & S PROGRAM \_\_\_\_\_
6. DEFINITIONS \_\_\_\_\_
7. TRAINING & EDUCATION \_\_\_\_\_
8. HAZARD ASSESSMENTS  
(FORMAL, FIELD LEVEL, SPECIAL) \_\_\_\_\_
9. HAZARDOUS ENERGY \_\_\_\_\_
10. HAZARD CONTROLS \_\_\_\_\_
11. SAFE WORK PROCEDURES/PRACTICES \_\_\_\_\_
12. PPE (Personal Protective Equipment) \_\_\_\_\_
13. BACK SAFETY \_\_\_\_\_
14. ALL DOCUMENTATION ON-LINE \_\_\_\_\_
15. INSPECTIONS \_\_\_\_\_
16. ACCIDENT INVESTIGATION \_\_\_\_\_
17. WHMIS \_\_\_\_\_
18. FIRST AID \_\_\_\_\_
19. EMERGENCY PREPAREDNESS \_\_\_\_\_
20. MAINTENANCE \_\_\_\_\_
21. FIRE PREVENTION \_\_\_\_\_
22. OPPORTUNITY TO ASK QUESTIONS \_\_\_\_\_

#### **HARD HAT**

Trained use, care & maintenance. \_\_\_\_\_

#### **STEEL TOED BOOTS**

Trained use, care & maintenance. \_\_\_\_\_

#### **SAFETY GLASSES**

Trained use, care & maintenance. \_\_\_\_\_

#### **HEARING PROTECTION**

Trained use, care & maintenance. \_\_\_\_\_

#### **SAFETY VESTS**

Trained use, care & maintenance. \_\_\_\_\_

#### B– SUBMITTED DOCS (IF APPLICABLE):

1. FORKLIFT CERTIFICATE \_\_\_\_\_
2. DRIVERS LICENCE \_\_\_\_\_
3. FIRST AID CERTIFICATE \_\_\_\_\_
4. FALL PROTECTION \_\_\_\_\_
5. OTHER \_\_\_\_\_

I, \_\_\_\_\_ have been familiarized with the Company Safety Program and I agree to comply with all policies, procedures, and practices outlines in the Company Safety Manual. I further agree to educate myself and abide by the OH&S Act, Code, and Regulation.

**SIGN:** \_\_\_\_\_

**WITNESS:** \_\_\_\_\_

**HIRE DATE:** \_\_\_\_\_

***PLEASE RETURN TO HEALTH & SAFETY COORDINATOR WHEN ORIENTATION COMPLETED.***