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| New Worker Orientation Checklist | |
| Employee Name: | Date of Hire: |
| Employee New Position: | Date of Training: |
| Orientation Provider: | Orientation Provider Position: |
| Reason For Training: | Company Name: |
| ☐ New hire |
| ☐ Worker has moved departments |
| Company Address: |
| ☐Worker is returning to work after long period off |
| ☐ 3 Year Training Refresher |

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| Check when satisfactorily completed | Topic: Employer and Worker Information | Comments i.e. competency evaluated. |
|  | **General safety and health duties and responsibilities of employers, workers and supervisors.** |  |
|  | **Worker’s rights and responsibilities under The Workplace Safety and Health Act and applicable regulations.** |  |
|  | **Employers' rights under The Workplace Safety and health Act and applicable regulations.** |  |
|  | **Contact information for workers new supervisor, including his name and contact information.** |  |
|  | **Safety and Health Committee or Representative contact information (as applicable)** |  |

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| Check | Topic: Review all documents that Workplace Safety and Health Act and applicable regulations that apply to the work to be done by the worker: | Comments |
|  | **Policies**  e.g., safety and health policy, training plan, working alone or in isolation, violence and harassment prevention, incident investigation, |  |
|  | **Programs**  Workplace safety and health program |  |
|  | **Safe Work Procedures – will you be completing all these? Is that reasonable? How and when will you ever check this off?**  e.g., machinery, equipment, tools, ladders, chemicals, lockout, musculoskeletal injuries, personal protective equipment, etc. |  |

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| Check | Topic: Review Locations | Comments |
|  | **First aid facilities**  e.g., Eye wash Stations, First aid kits, Safety Data Sheets and the first aiders contact information |  |
|  | **Muster points**  All muster points located on the property |  |
|  | **Fire extinguishers**  All fire extinguishers located in their department |  |
|  | **Fire exits**  Each fire exit located in their department |  |
|  | **Fire Alarms**  All fire alarms located in their department |  |
|  | **Prohibited or restricted areas or activities**  All prohibited areas and activities on the property |  |

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| Check | Hazards: | Comments |
|  | **Instruct on all hazards that the worker may come across and the control measures that are put in place. Not including SWPs where supervisors will train on the specifics?** |  |
|  | **The procedure for reporting unsafe conditions at the workplace** |  |
|  | **Review the right to refuse dangerous work at the workplace procedure** |  |
|  | **Any other matters necessary to ensure the safety and health of the worker at the workplace** |  |

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| Check | Emergency Procedures | Comments |
|  | **First Aid procedure** |  |
|  | **Fire procedure** |  |
|  | **Evacuation procedure** |  |

**Worker Signature Date**

**Orientation Provider signature Date**

**Supervisor Signature Date**

**Management Signature Date**