

Employee Orientation Checklist

Orientation by:	Date:
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Employee Data

Name:	Job title:
Home address:	Date hired:
Home phone:	In case of emergency contact:

Workplace Orientation

<i>With employee, reviewed</i> <input type="checkbox"/> Health and safety policy and program <input type="checkbox"/> Health and safety duties under the Act <input type="checkbox"/> Right to know, participate, and refuse unsafe work <input type="checkbox"/> Job duties <input type="checkbox"/> Fire protection equipment <input type="checkbox"/> Site-specific hazards _____	<input type="checkbox"/> First-aid facilities and first-aiders' names <input type="checkbox"/> Name of health and safety representative <input type="checkbox"/> Names of JHSC members <input type="checkbox"/> Reporting injuries procedure <input type="checkbox"/> Reporting unsafe acts and unsafe conditions <input type="checkbox"/> Emergency evacuation <input type="checkbox"/> Other _____
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Health and Safety Procedures

<i>With employee, reviewed</i> <input type="checkbox"/> Personal protective equipment (PPE) <input type="checkbox"/> Housekeeping <input type="checkbox"/> Proper lifting techniques <input type="checkbox"/> Restricted areas	<input type="checkbox"/> Safe operation of equipment, including inspection <input type="checkbox"/> Material handling and storage <input type="checkbox"/> Emergency response <input type="checkbox"/> Other _____
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Health and Safety Training

Subject	Previously trained	Requires training	Training arranged	Training complete
WHMIS				
Asbestos				
Electrical				
Fall protection				
Working at heights				
Confined space				
Traffic control				
Trenching				
Rigging and hoisting				
First aid				
Other				

Employee Acknowledgment

As an employee of _____, I understand the requirement to work in compliance with the *Occupational Health and Safety Act*, the construction regulations, and the rules and guidelines included in the company health and safety program.

Employee Signature: _____

Supervisor's Signature: _____

Maintain copy in employee file.