

8.3 – Employee Orientation



GENERAL

Name:	Date:
Worksite:	Phone:
Supervisor:	Phone:
Safety rep:	Phone:

INFORMATION

<input type="checkbox"/> Review site access, egress, and parking requirements
<input type="checkbox"/> Ensure Company Rules & Personal Medical Data forms are complete
<input type="checkbox"/> Review tasks/job functions and determine if mentoring is required
<input type="checkbox"/> Show location of safety board/posting locations and Safety Program components
<input type="checkbox"/> Identify the first aid locations and attendant(s) on duty
<input type="checkbox"/> Review Emergency Response Plan for the worksite
<input type="checkbox"/> Review all PPE requirements
<input type="checkbox"/> Identify location of designated smoking areas
<input type="checkbox"/> Review applicable WHMIS requirements/information

WORKSITE HAZARD IDENTIFICATION *(check/review only those present on site)*

<input type="checkbox"/> Falls > 10 feet	<input type="checkbox"/> Mobile equipment	<input type="checkbox"/> Working on/above water
<input type="checkbox"/> Confined spaces	<input type="checkbox"/> Energized equipment	<input type="checkbox"/> Traffic > 30km/hour
<input type="checkbox"/> Excavations	<input type="checkbox"/> Working alone/isolation	<input type="checkbox"/> Workplace violence
<input type="checkbox"/> Hazardous materials	<input type="checkbox"/> Overhead hazards	<input type="checkbox"/> Other:

TRAINING VERIFICATION *(list all certificates carried by worker)*

I fully understand what has been presented to me, and give my personal commitment to actively participate and comply with all applicable regulation, procedures and instructions while I am on site or representing the company.

Name (print)	Date	Signature
(supervisor)		
(employee)		