

8.4a – Worker Orientation



Name:	Emergency Contact:
Address:	Relationship:
Phone:	Phone:
Trade:	Safety Rep:
Years Experience:	Date of Orientation:

Personal Protective Equipment	Y	N	General Site Safety Rules	Y	N
Hard Hat- CSA certified and no more than 5 years old, must not be altered in any way	<input type="checkbox"/>	<input type="checkbox"/>	Tool Box Meetings attendance/ participation requirement	<input type="checkbox"/>	<input type="checkbox"/>
Safety boots- CSA certified	<input type="checkbox"/>	<input type="checkbox"/>	Safety Committee and Purpose	<input type="checkbox"/>	<input type="checkbox"/>
Clothing- long pants, shirt with 6" sleeves (min)	<input type="checkbox"/>	<input type="checkbox"/>	Reporting Unsafe Acts/ Conditions/ Equipment	<input type="checkbox"/>	<input type="checkbox"/>
Safety glasses/ goggles	<input type="checkbox"/>	<input type="checkbox"/>	Reporting accidents/ Incidents	<input type="checkbox"/>	<input type="checkbox"/>
Hearing protection/ current Hearing Test Card	<input type="checkbox"/>	<input type="checkbox"/>	Red & Yellow Caution Tape, Signs, Barriers	<input type="checkbox"/>	<input type="checkbox"/>
Gloves	<input type="checkbox"/>	<input type="checkbox"/>	First Aid and Location	<input type="checkbox"/>	<input type="checkbox"/>
Reflective Vest	<input type="checkbox"/>	<input type="checkbox"/>	MSDS location - WHMIS	<input type="checkbox"/>	<input type="checkbox"/>
Personal Fall Arrest	<input type="checkbox"/>	<input type="checkbox"/>	Mobile Equipment	<input type="checkbox"/>	<input type="checkbox"/>
Employee's Responsibilities- Safe Work Practices	Y	N	Emergency Medical/ fire evacuation procedures	<input type="checkbox"/>	<input type="checkbox"/>
Excavation/ Working near heavy equipment	<input type="checkbox"/>	<input type="checkbox"/>	Blood borne pathogens (sharps and condoms)	<input type="checkbox"/>	<input type="checkbox"/>
Rebar Protection- dowel covers	<input type="checkbox"/>	<input type="checkbox"/>	Public Interaction Rules	<input type="checkbox"/>	<input type="checkbox"/>
Ladder/ work platforms/ Access egress	<input type="checkbox"/>	<input type="checkbox"/>	Hole Coverings Secured & Marked	<input type="checkbox"/>	<input type="checkbox"/>
Fall protection/ guardrails	<input type="checkbox"/>	<input type="checkbox"/>	Dowel Protection	<input type="checkbox"/>	<input type="checkbox"/>
Scaffolding	<input type="checkbox"/>	<input type="checkbox"/>	High voltage (Proximity to Power Lines)	<input type="checkbox"/>	<input type="checkbox"/>
Confined Spaces	<input type="checkbox"/>	<input type="checkbox"/>	Guardrails	<input type="checkbox"/>	<input type="checkbox"/>
Floor Openings	<input type="checkbox"/>	<input type="checkbox"/>	Animal Awareness (bears, rats, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Tools Requirement	<input type="checkbox"/>	<input type="checkbox"/>	Understand the Company's Policy on:	Y	N
Lifting materials	<input type="checkbox"/>	<input type="checkbox"/>	Line of communication and responsibility	<input type="checkbox"/>	<input type="checkbox"/>
Extension cords (maintenance & inspection)	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol & Drugs, horseplay, fighting, harassment	<input type="checkbox"/>	<input type="checkbox"/>
Do You:	Y	N	Disciplinary Action	<input type="checkbox"/>	<input type="checkbox"/>
Have a valid First Aid Ticket? Level: #	<input type="checkbox"/>	<input type="checkbox"/>	Defective Equipment	<input type="checkbox"/>	<input type="checkbox"/>
Have WHMIS training?	<input type="checkbox"/>	<input type="checkbox"/>	Smoking	<input type="checkbox"/>	<input type="checkbox"/>
Know how to use a fire extinguisher?	<input type="checkbox"/>	<input type="checkbox"/>	Storage of tools and materials	<input type="checkbox"/>	<input type="checkbox"/>
Understand that working safely is a Condition of Employment?	<input type="checkbox"/>	<input type="checkbox"/>	Promptly reporting all accidents, incidents, and/or injuries and filling out required forms	<input type="checkbox"/>	<input type="checkbox"/>
Understand that you have the right and responsibility to refuse unsafe work?	<input type="checkbox"/>	<input type="checkbox"/>	Return to work & modified/ light duty program for employees	<input type="checkbox"/>	<input type="checkbox"/>
Have on the Job Training- Safety Orientation?	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Plan- Fire response, medical emergency, and site evacuation	<input type="checkbox"/>	<input type="checkbox"/>
Know how, when and to whom to report all injuries?	<input type="checkbox"/>	<input type="checkbox"/>	Compliance with the Company's safety policy/ Occupation Health & Safety Program	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Working alone requirements	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Occupational Health & Safety Regulation	<input type="checkbox"/>	<input type="checkbox"/>

Indicate the date of your last hearing test: _____
Hearing test should have been performed within the last 12 months

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I acknowledge that I shall report all site injuries, near misses, damages and hazards to the site Construction Safety Officer and the site Superintendent immediately.

I acknowledge that I shall comply with Griffin Properties Ltd. OH&S program and regulatory body rules and regulations.

Signature below indicates that all appropriate elements of the items checked above have been reviewed and that you accept responsibility for maintaining a safe work environment. By signing, you acknowledge understanding of and agree to abide by laws, regulations, standards, policies and practices as communicated, and that failure to comply may be reason for disciplinary action up to and including termination.

NOTE TO EMPLOYEE: Do not sign unless all applicable topics are covered and all questions are satisfactorily answered.

X

COMPANY REP SIGNATURE

X

SUPERINTENDENT'S SIGNATURE

X

WORKER SIGNATURE

DATE: _____

Contractors, Consultants, Inspectors, and all other contractors affiliated party entering/working on this site must complete this form prior to completing any work. These parties must meet all company safety requirements. The site orientation may vary depending on the phase of the project.