

8.5 – Limited Access Orientation



GENERAL

Worksite:	Date:
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INFORMATION

<input type="checkbox"/> Review site access, egress, and parking requirements
<input type="checkbox"/> Show location of safety board/posting locations
<input type="checkbox"/> Identify first aid locations, attendant(s) on duty and contractor safety representative
<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 onsite)*

<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:

I fully understand what has been presented to me, and give my personal commitment to actively participate and comply with all requirements while I am onsite.

Name (print)	Company	Signature