## **Employee Orientation**

FORM - J



## *Please Check One:* New/Returning Employee □ Annual Refresher □

Employee Name: \_\_\_\_\_\_ Date Hired: \_\_\_\_\_\_ Orientation Date: \_\_\_\_\_\_

Orientation Topics Covered?	YES	NO	By (initials)	Other Specific Hazard Information (List here)
1. Company Safety Policy Statement				
2. Responsibilities – All Levels				
a. Employer / Senior Management				
b. Supervisors				
c. Employees				
3. Incidents, hazard, near miss reporting				
4. WSH Committee / Representative				
a. Who are the members/contact info				
b. Roles and Responsibilities				
5. How to report safety concerns				
6. How to Refuse Dangerous Work				
7. Identification of managers / supervisors				
8. Accountability / Enforcement Policy				Other Notes or Comments
9. Employee Rights				
a. To Know				
b. To Participate c. To Refuse				
d. Freedom from Discrimination				
10. WHMIS				
a. Training Provided				
b. Location of MSDS				
c. Specific Hazard / Emergency Info				
11. Personal Protective Equipment				
a. Safety Footwear				
b. Hearing / Eye Protections				
c. High Visibility Safety Vests				
d. Other				Due bibite al eu De stuiste al Asticities
12. Emergency Procedures				Prohibited or Restricted Activities
a. Location of first aid kits				
b. Identification of First Aiders				
c. Emergency Eye Wash				
d. Location of fire extinguishers				
e. Evacuation procedures / Muster				
location				
<i>f.</i> Severe Weather				
13. Working Alone / Isolation				
14. Violence and Harassment				

**Employee Name** 

Employee Signature

Date

Orientation Conducted by

Signature

Date

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## **Employee Orientation: Specific Training**

**<u>NOTE</u>**: Workers must be trained in a way that demonstrates they are competent. JUST READING a SWP is NOT training. Workers must demonstrate they can safely perform task and trainer/supervisor must follow up regularly to ensure workers are performing task in a safe manner. Document each occurrence in the employee's training record.

Company Safe Work Procedures		SWP Documentat	ion Review		Competency Assessment (Observation)					
	Date Trained	Trainer Name	Trainer Initials	Employee Initials	Date Trained	Competent	Trainer Name	Trainer Initials	Employee Initials	
E.g. use of step ladders						Y / N				
E.g. lockout procedures etc.						Y / N				
						Y / N				
						Y / N				
						Y / N				
						Y / N				
						Y / N				
						Y / N				
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