**Appendix 1.4 - Employee Health and Safety Orientation Checklist**

To be completed for: Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| 1. Staff – new
2. Staff – promoted or transferred
3. Staff – returning from extended absence
 | 1. Employees hired on a contract basis
2. Student employees
3. Supply of labor employees
 |

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Initials  |  | Date  | Manager/Foreman Initials  |
|  | Discuss organizations commitment to Health and Safety.  |  |  |
|  | Review the roles and expectations for Management and/or Foreman and/or employee.  |  |  |
|  | Identify where the Health and Safety policy is located.  |  |  |
|  | Review safe work practices and standard operating procedures (provide required equipment training).  |  |  |
|  | Discuss hazards associated with worker’s job (Refer to Job Hazard Analysis).  |  |  |
|  | Review the process for reporting hazards, near misses, injuries and illnesses.  |  |  |
|  | Introduce new employees to the Emergency personnel for the work location.  |  |  |
|  | Review emergency response procedures.  |  |  |
|  | Advise Emergency personnel if employee is classified as a “Person Requiring Assistance”.  |  |  |
|  | Review First Aid Kit (location/contents) and first aid procedures.  |  |  |
|  | Introduce to designated first aid employee.  |  |  |
|  | Review Health and Safety Bulletin Board and discuss contents.  |  |  |
|  | Review and train on the following procedures: * Visitor Safety Policy
* Emergency Plan
* Personal Protective Equipment Policy
* Employee Manual (if applicable)
* Return To Work –RTW - Program
* Material handling
 |  |  |
|  | Explain the workplace inspection program.  |  |  |
|  | Joint Health & Safety Committee and/or health Safety Rep.  |  |  |
|  | Train in the applicable personal protective equipment the employee is required to wear.  |  |  |
|  | Tour facility/site review emergency procedures and other workplace requirements I.e. where PPE is required.  |  |  |

Date of completion: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (D/M/Y)

Signature of Worker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_