**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_