



EMPLOYEE SAFETY ORIENTATION

School/work area:	Position:
Employee name:	
Start date:	Orientation date:

Please have the employee initial beside each topic once it has been explained and is understood.

Introduction

Supervisor name and contact:
Worker rep name and contact:
Health and safety committee meetings/bulletin board

Safety and Health Policy

Rights and responsibilities

Employer, supervisor, worker
Worker right to know, participate, refuse unsafe work, protection from discrimination

Hazards and controls

Potential hazards and controls in the workplace	Policies and procedures
Inspections	WHMIS 2015
Safe work practices/procedures – ladder use	MSI prevention
	Reporting incidents, injuries and near misses
	Exercising the right to refuse dangerous work
	Emergency Procedures

Personal Protective Equipment

Safety boots	<ul style="list-style-type: none"> • Location of emergency exits and muster point
Hearing protection	<ul style="list-style-type: none"> • Location of fire extinguishers and alarms
Safety glasses	<ul style="list-style-type: none"> • Location of first aid kits/rooms
Respirators	<ul style="list-style-type: none"> • Location of eyewash stations
Other	<ul style="list-style-type: none"> • Emergency contact numbers • First aid attendant identified
	Harassment and violence prevention
	Working alone

Prohibited or restricted areas or activities

Other matters necessary to ensure the safety and health of workers

Orientation Presented by:
Signature:
Employee Signature:

This form must be completed and returned to Human Resources