This form is to be completed before a new employee commences work on your site. Please complete all sections that are applicable to your company and worksite activities.

This form must be signed and dated by the individual facilitating the orientation and the new employee who has received the orientation. Once signed, maintain the original copy of the Form as documentation.

|  |  |
| --- | --- |
| Name: | Trade: |
| Company: | City: |
| Emergency Contact: | Phone: |

## COMPANY ORIENTATION

|  |
| --- |
| This section to be completed during the corporate orientation session |
| * Safety Program
* Health and Safety Policy
* Rights & Responsibilities
* General Duties
* General Safety Rules
* Disciplinary Process
* Drug & Alcohol Policy
 | * Hazard Awareness
* Reporting Procedures
* Preventative Maintenance
* Ask for Instruction
* Training
* Personal Protective Equipment
* Hearing Conservation
 | ❑ Violence in the Workplace❑ Ergonomics* Drivers Program
* WHMIS
* Equipment Operation
* Workplace Inspections
* Accident Investigations
 | * First Aid
* Emergency Procedures
* Safety Committee
* Safety Meetings
* WorkSafeBC Claim Process
* Injury Management/RTW
 |

## SUPERINTENDENT/ MANAGER SECTION

**To Superintendents**: Please ensure that your new Supervisor has been oriented and instructed (with demonstration when necessary) on all topics that are applicable for your site. Site orientation items can be found below in checklist form. Blank spaces have been provided so that you may include additional items that are appropriate to your site and your Supervisor’s responsibilities.

|  |
| --- |
| This section to be completed by Superintendent/ Manager |
| **❑ Facility Walkthrough** | ❑ Smoking  | ❑ Personal Protective Equipment  | ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ❑ Contact Info | ❑ Safety Committee | ❑ Equipment/Vehicle Inspections | ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ❑ Incident Reporting | ❑ Emergency Procedures | ❑ Tool Box Meetings | ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ❑ WorkSafeBC Regulations | ❑ Emergency Exits | ❑ Pre-Job Safety Instruction | ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ❑ Bulletin Board | ❑ Muster Points | ❑ Workplace Violence Program | ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ❑ First Aid | ❑ Fire Extinguishers | ❑ Safe Work Practices | ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ❑ Tool Area | ❑ MSDS location | ❑ Emergency stop locations | ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ❑ Attendance | ❑ Housekeeping  | ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| Safe Work Procedures |  |
|  ❑ Confined Space |  ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  ❑ Lockout |  ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  ❑ Manual Lifting |  ❑  |
|  ❑ 3 Point Contact |  ❑  |
|  ❑ Working Alone |  ❑  |
|  ❑ Fall Protection |  ❑  |

The following section is to assist Supervisors in identifying the required authorization / training prior to an employee using any equipment. All equipment orientation and training performed must be recorded and maintained as documentation.

|  |
| --- |
| Equipment Procedures |
| **Identify all required training** |
| ❑ Confined Space | ❑ Excavator | ❑ Loader | ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ❑ Fall Protection | ❑ Forklift | ❑ Light Vehicles  | ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ❑ TDG | ❑ Cranes | ❑ Conveyors | ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ❑ First Aid | ❑ Trailer Towing | ❑ Compressor  | ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ❑ WHMIS | ❑ Power Tools | ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ❑ Traffic Control | ❑ Dump Truck | ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ❑ Backhoe | ❑ Hoists / Lifting Devices | ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

#### Equipment Authorization and Training Is the Responsibility of the Site Supervisor

## Orientation Comments:

|  |
| --- |
|  |
|  |
|  |

*I have reviewed the foregoing information with the above Orientation Instructor and believe that I have a reasonable understanding of the information.*

Worker’s Signature: Date:

Instructor’s Signature: Date:

**SITE ORIENTATION MUST BE COMPLETED PRIOR TO COMMENCING WORK**

Original Copy to Be Signed and Maintained as Documentation