

**The new employee orientation is to be completed and the form returned to HR when completed.**

1. Employee orientation in new work place by Manager/Supervisor/Senior person
2. Emergency Procedures and first aid by the Supervisor/Senior person or Safety Advisor.

<b>Employee name:</b>			
<b>Position (tasks):</b>			
<b>Date hired:</b>		<b>Date of orientation:</b>	
<b>Reason for orientation:</b> Worker is new to the workplace <input type="checkbox"/> Worker has moved to another area of the workplace with different processes/hazards <input type="checkbox"/> Worker is relocated by an employer to a different workplace/location with different processes/hazards <input type="checkbox"/> Worker is returning to the workplace, and processes/hazards have changed while the worker was away <input type="checkbox"/>			
<b>Person providing orientation (name &amp; position):</b>			
<b>Workplace Orientation</b>	<b>Initials (Supervisor)</b>	<b>Initials (worker)</b>	<b>Comments</b>
<b>Rights and responsibilities</b>			
General safety and health duties and responsibilities of employers, workers and supervisors			
Worker right to know, participate and refuse unsafe work and right to protection from discrimination			
Supervisor name and contact number provided			
Procedure for reporting unsafe conditions/hazards in the workplace provided			
Safety and Health Committee or the Worker Safety and Health Representative name(s) and contact numbers provided			
<b>Policies, programs and safe work procedures</b>			
<b>Policies and programs</b> Safety and health policy, training plan, working alone or in isolation, violence and harassment prevention, incident investigation, Workplace Health and Safety program (if 20 or more employees), etc.			
<b>Documented safe work procedures (job/task specific)</b> Machinery, equipment, tools, ladders, chemicals, lockout, musculoskeletal injuries, personal protective equipment, etc.			

## NEW EMPLOYEE WORKPLACE ORIENTATION CHECKLIST

Workplace Orientation	Initials (Supervisor)	Initials (worker)	Comments
<b>Hazards and control measures</b>			
Hazards to which the worker may be exposed in the workplace, and any control measures undertaken to protect the worker			
<b>First aid</b>			
Location(s) of first aid kit(s) and eye wash facilities			
Means to summon first aid First aid attendant name and nurses station			
Procedure for reporting injuries and illnesses (including near-miss and dangerous occurrences)			
<b>Emergency procedures</b>			
Locations of emergency exits and meeting points			
Locations of fire extinguishers and fire alarms			
How to use fire extinguishers			
What to do in an emergency situation			
Emergency contact (numbers)			
General safety and health duties and responsibilities of employers, workers and supervisors			
Procedures for an emergency involving hazardous materials, including clean-up of spills			
Prohibited or restricted area or activities			
Additional matters necessary to ensure safety and health of workers			
<b>Safety Orientation Completed by:</b>			
<b>Employee Signature:</b>			
<b>Date Completed:</b>			