

ORIENTATION QUESTIONNAIRE

Employee's Name: _____ Date: _____
Please print

Employee's Signature: _____

(This questionnaire is intended to ensure all personal have acknowledged and understood the orientation.)

1. Who is responsible for safety?
Every Body
Supervisor
Safety Coordinator
2. Incidents and Near Misses that occur on site must be reported to you supervisor immediately?
True False
3. What is type of PPE is requires while working on this site?
Hard Hat
Eye protection Work boots CSA approved green patch minimum 6 inch
All of the above
4. The use of non-prescription drugs or alcohol is not permitted on this jobsite.
True False
5. Does this site have an Emergency Evacuation Plan?
Yes No
If yes, Where is the gathering (muster) point.
6. Workers have the right to refuse unsafe work?
Yes No
7. Tool Box must be held once a week.
True False
8. What is the purpose of WHMIS? (please circle one)
 - a) To protect the worker
 - b) To provide product information
 - c) The worker's right to know
 - d) All the above.
9. THE COMPANY reserves the right to immediately remove any worker who is in contravention of the Occupational Health & Safety Legislation and/or THE COMPANY'S HSMS.
True False
10. Worker's Duties consist of the following: (please circle one)
 - a) Working in compliance with the provisions of the Occupational Health & Safety Legislation
 - b) Using or wearing the equipment, protective devices or clothing that the worker's employer requires to be used or worn.
 - c) Reporting to his or her employer or supervisor the absence or of defect in any equipment or protective device of which the worker is aware and which may endanger himself/herself or another worker.
 - d) Reporting to his/her employer or supervisor any contravention of the Occupational Health & Safety Legislation /THE COMPANY'S HSMS or the existence of any hazard of which he or she knows.
 - e) All the above
11. THE COMPANY has a mandatory Return to Work Program. All COMPANY workers will be offered modified duties to accommodate their injuries including sedentary duties, if required.
True False
12. PSA's (pre-job safety assessments) need to be completed when?
 - a) Daily – prior to work starting
 - b) Whenever the main task changes
 - c) Whenever the work location changes
 - d) Whenever new worker are added to the crew
 - e) All of the above
13. All workers are required to follow COMPANY'S Environmental Policy
True False
14. _____

15. _____
