

## EMPLOYEE ORIENTATION

Name: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Employee's Job Description: \_\_\_\_\_

Location: \_\_\_\_\_ Follow-up-date: \_\_\_\_\_

Supervisor/Manager: \_\_\_\_\_

### Health Safety Management System

- |  |  |
|--|--|
| Safety Policy  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Worker Rights  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Worker's Responsibilities  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Harassment & Violence Policy   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| OH&S Legislation   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Hazard Assessment & Risk Assessment  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Worker Job Training Requirements   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Employee Handbook  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • WHMIS _____  | expiry date  |
| • Fall Protection _____  | expiry date  |
| • Powered Mobile Equipment Training _____  | expiry date  |
| • Confined Space _____   | expiry date  |
| • Other _____  | expiry date  |
| Communications   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Preventative Maintenance   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Incident Reporting / Return to Work  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Personal Protective Equipment  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • Protective Clothing  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • Head Protection  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • Eye Protection   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • Foot Protection  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • Hearing Protection   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • Respiratory Protective Equipment – SCBA – Monitors   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • Fall Protection  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Emergency Response Requirements- Evacuation / Muster Point(s)  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • Alarms, First Aid Station/Attendants, Eye Wash Station,<br>Fire Extinguishers, Restricted Work Areas |  |
| Safe Work Practices / Safe Job Procedures  | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Comments: \_\_\_\_\_

Statement: I, \_\_\_\_\_ have been instructed on the topics indicated above and to the best my ability, understand my responsibilities while working for THE COMPANY.

\_\_\_\_\_  
Employee Signature:

\_\_\_\_\_  
Supervisor / Manager Signature: