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| ***SAMPLE: New Worker Orientation Checklist*** |  |  |  |
| **Employee name:** | | | |
| **Position (tasks):** | | | |
| **Date hired:** | **Date of orientation:** | | |
| **Reason for orientation:**  **Worker is new to the workplace**  **Worker has moved to another area of the workplace with different processes/hazards**  **Worker is relocated by an employer to a different workplace/location with different processes/hazards**  **Worker is returning to the workplace, and processes/hazards have changed while the worker was away** | | | |
| **Person providing orientation (name and position):** | | | |
| **Company name:** | | | |
| **TOPIC** | **Initials** (trainer) | **Initials** (worker) | **Comments** |
| **Rights and responsibilities** | | | |
| 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** |  |  |  |
| **Procedure for exercising the Right to Refuse Dangerous Work provided** |  |  |  |
| **Safety and Health Committee or the Worker Safety and Health Representative name(s) and contact numbers provided** |  |  |  |
| **Policies, programs and safe work procedures** | | | |
| **Policies and programs**  Ex: 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. |  |  |  |
| **Documented safe work procedures (job/task specific)**  Ex: machinery, equipment, tools, ladders, chemicals, lockout, musculoskeletal injuries, personal protective equipment, etc. |  |  |  |
| **Hazards and control measures** | | | |
| Hazards to which the worker may be exposed in the workplace, and any control measures undertaken to protect the worker |  |  |  |
| **First aid** | | | |
| Location(s) of first aid kit(s) and eye wash facilities |  |  |  |
| Means to summon first aid Ex: First aid attendant name and contact information, etc. |
| Procedure for reporting injuries and illnesses |  |  |  |
| (including near-miss and dangerous occurrences) |  |  |  |
| **Emergency procedures** | | | |
| 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) |  |  |  |
| Other:  Ex: Procedures for an emergency involving hazardous materials, including clean-up of spills |  |  |  |
| **Prohibited or restricted area or activities** |  |  |  |
| **Other matters necessary to ensure safety and health of workers** |  |  |  |