**SAMPLE: *New Worker Learning Outcome Objectives***

|  |  |
| --- | --- |
| **Company name:** | |
| **Employer/supervisor:** | |
| **Date:**  **Refresh date:** | |
| **Initials**  (worker) | **Please initial beside each element, to verify orientation and documentation** |
|  | I received information on the hazards specific to my job and learned how to protect myself from injury and illness. |
|  | I know my legal workplace safety and health rights, including the right to refuse dangerous work. |
|  | I know my legal roles and responsibilities as a worker. |
|  | I am aware of and understand the workplace safety and health policies and rules at my workplace. |
|  | My workplace has a joint safety and health committee or a safety and health representative. I know who the committee members are or who the representative is. |
|  | I received a safety and health orientation when I was first hired. |
|  | I received training on how to do my job safely and understand the specific safe work procedures for the tools, equipment and materials I use in my job. |
|  | I received training on the personal protective equipment I need to wear and learned how to use it properly. |
|  | I received training on emergency procedures including where the exits and first aid stations are located. |
|  | I work with a WHMIS-controlled substance and received WHMIS training. |
|  | I know where to find MSDS (material safety data sheet) information and review it before handling a WHMIS-controlled substance. |
|  | I will look out for hazards and know how to report an unsafe condition or act. |

**Employee signed: Date:**

**Supervisor signed: Date:**