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

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| **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:**