ORGANIZATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYEE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SUPERVISOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYEE STATUS : 🞎 New Hire 🞎 Temporary Worker 🞎 Promotion 🞎 Return to work 🞎 Student/Co-Op Placement

JOB TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF HIRE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **General Items** |  | **Date**  **Completed** | **Trainer**  **Initials** | **Worker Initials** | **Comments** |
| **Legislation** | Health and safety legislation |  |  |  |  |
|  | Health and safety policies and procedures |  |  |  |  |
|  | Workers Rights |  |  |  |  |
| **Responsibilities** | Management responsibilities |  |  |  |  |
|  | Employee responsibilities |  |  |  |  |
| **Rules** | Company Rules Overview |  |  |  |  |
|  | Disciplinary Action Procedure |  |  |  |  |
| **Preventing Worker Injury** | Reporting existing hazards and potentially unsafe conditions |  |  |  |  |
|  | Reporting work related injuries illnesses and /or diseases |  |  |  |  |
|  | Critical injury reporting |  |  |  |  |
|  | Workplace inspections |  |  |  |  |
| **Emergency Procedures** | Emergency call numbers |  |  |  |  |
|  | First aid call numbers |  |  |  |  |
|  | First aid supplies |  |  |  |  |
|  | Alarm procedures |  |  |  |  |
|  | Evacuation procedures |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Workplace Specific** |  | **Date**  **Completed** | **Trainer**  **Initials** | **Worker Initials** | **Comments** |
| **Job Specific** | Safe work practices |  |  |  |  |
|  | Safe work procedures |  |  |  |  |
|  | Use of equipment |  |  |  |  |
| **PPE** | PPE Policy |  |  |  |  |
|  | PPE Requirements |  |  |  |  |
| **Communiations** | Tool Box Talks |  |  |  |  |
|  | Annual General Safety Meeting |  |  |  |  |
|  | JOHSC |  |  |  |  |
| **WHMIS** | Symbols, Labels, MSDS |  |  |  |  |
|  | Safe work procedures for handling controlled products |  |  |  |  |
|  | Use of personal protective equipment |  |  |  |  |
| **Specific Training, if applicable** | Specialized PPE |  |  |  |  |
|  | Specialized Training |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Signature Date