

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
<b>Legislation</b>	Health and safety legislation				
	Health and safety policies and procedures				
	Workers Rights				
<b>Responsibilities</b>	Management responsibilities				
	Employee responsibilities				
<b>Rules</b>	Company Rules Overview				
	Disciplinary Action Procedure				
<b>Preventing Worker Injury</b>	Reporting existing hazards and potentially unsafe conditions				
	Reporting work related injuries illnesses and /or diseases				
	Critical injury reporting				
	Workplace inspections				
<b>Emergency Procedures</b>	Emergency call numbers				
	First aid call numbers				
	First aid supplies				
	Alarm procedures				
	Evacuation procedures				

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date



