**ABC COMPANY**

**NEW/ RETURNING EMPLOYEE ORIENTATION**

**Employee:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Hire Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Position:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Facilitator:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Employee Orientation****Topics Reviewed** | **Employee Initial** |
| **Safety Policy** | * Management commitment, IRS (everyone’s responsible for their safety and the safety of others)
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| **Responsibilities**  | * Review Internal Responsibility System (IRS): Its foundation is that everyone in the workplace - both employees and employers - is responsible for his or her own safety and for the safety of co-workers.
* Review workers responsibilities.
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| **Hazard Assessment** | * Job site hazard assessments performed ***“as per your company policy”***.

Purpose: To assess for hazards and implement controls to mitigate risks.* Explain the hazard reporting process.
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| **Company Rules & Disciplinary Policy** | * Review the Safety Rules and Disciplinary Policy
* Attendance
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| **Employee Rights** | * Explain legislated rights

**To Know:** About actual or potential hazards in the workplace**To Participate:** In health and safety activities (safety meetings, JOSHC/Safety rep)**To Refuse:** Unsafe work**To Complain/Grieve:** If the employee feels the company is not committing to policies and procedures in the safety program, they have the right to complain. |  |
| **Safe Work Practices (SWPs)/ Safe Job Procedures (SJPs)** | * Provide SWPs/SJPs to employee and have them review all applicable to the position they are hired for.
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| **Personal Protective Equipment (PPE) Policy**  | * Review PPE Policy.
* Review how to use, maintain and inspect PPE (Hearing Protection, Fall Protection (if trained), Eye & Face protection, Head Protection)
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| **Maintenance Policy** | * Tool / Equipment Inspection requirements
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| **Training / Communication** | * Discuss training requirements
* Annual safety/general meetings
* Frequency of toolbox meetings, pre-job meetings, etc.
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| **Inspection Policy** | * Discuss frequency / type of inspections and responsibilities
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| **Accident/Incident/Near Miss Reporting** | * Review the Incident Reporting/Investigation Program with the worker.
* Explain the importance of reporting near miss/incidents.
* Discuss incident reporting requirements re. DOLSI / WCB.
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| **Emergency Plan/Procedures** | * Conduct a walkthrough of the office/shop/warehouse/job site to acquaint new employees with exit locations, egress routes, and general layout.
* Review the Emergency Procedures with new employees including muster areas.
* Review Emergency Contact Numbers and Information.
* Inform worker of first aid trained employees and where to find the information.
 |  |
| **Location of Safety Supplies (fire extinguisher, first aid kits, eye wash)** | * Conduct a walkthrough of the workplace to show the locations of fire extinguishers, first aid kits, eye wash.
* Review how to use a fire extinguisher (PASS method).
* Review rescue procedures and Fire Response Plan.
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| **HR/Supplemental** | * Harassment Policy
* Environmental Policy
* Light Duty Policy
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| **Fall Protection Procedure** | * Review Policy
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| **Substance Abuse Policy** | * Review Policy
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| **WHMIS** | * Explain workplace labelling requirements.
* Inform worker of the hazardous products used, and where to find the SDS for the products.
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| **Safety Rep/JOHSC** | * Introduction to safety representative/JOHSC Representatives
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**PPE Issued:**

* Safety Glasses
* Hearing Protection
Respiratory Protection
* Fall Protection
* Gloves
* Other:\_\_\_\_\_\_\_\_\_\_

**Training Certificates –** Check off training that has been verified and attained:

* First Aid
* Fall Protection
* WHMIS 2015
* Scaffold
* TDG
* Fit Testing
* Elevated Work Platform
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***By signing below, you agree you have been made aware of the forgoing information and will follow all policies and practices of ABC Company.***

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| **Facilitator (Sign):** | **Date:** |
| **Employee (Sign):** | **Date:** |