**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) |  |
| **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. |  |
| **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. |  |
| **Company Rules & Disciplinary Policy** | * Review the Safety Rules and Disciplinary Policy * Attendance |  |
| **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. |  |
| **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) |  |
| **Maintenance Policy** | * Tool / Equipment Inspection requirements |  |
| **Training / Communication** | * Discuss training requirements * Annual safety/general meetings * Frequency of toolbox meetings, pre-job meetings, etc. |  |
| **Inspection Policy** | * Discuss frequency / type of inspections and responsibilities |  |
| **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. |  |
| **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. |  |
| **HR/Supplemental** | * Harassment Policy * Environmental Policy * Light Duty Policy |  |
| **Fall Protection Procedure** | * Review Policy |  |
| **Substance Abuse Policy** | * Review Policy |  |
| **WHMIS** | * Explain workplace labelling requirements. * Inform worker of the hazardous products used, and where to find the SDS for the products. |  |
| **Safety Rep/JOHSC** | * Introduction to safety representative/JOHSC Representatives |  |

**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:** |