The supervisor is responsible to ensure that a safety orientation is provided to every new, transferred or returning worker, before that person starts work.

|  |
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| EMPLOYEE INFORMATION |

□ New employee □ Transferred □ Auxiliary □ Returning

EMPLOYEE: POSITION:

DEPARTMENT: SECTION:

SUPERVISOR: START DATE:

|  |
| --- |
| ORIENTATION TO THE ORGANIZATION |

(required for all new employees)

SUPERVISOR CONTACT INFORMATION:

IDENTIFIED FIELD PARTNER: □ N/A

DEPARTMENT AND ORGANIZATION INFORMATION:

□ Function of your job

□ Department objectives

□ Organization chart, chain of command

□ Keys/security access

□ Setting up voicemail

□ Mail delivery process

□ Tools, equipment, supplies

□ Parking facilities

□ Location of lunch room and rest room

□ How to contact first aid

POLICIES AND PROCEDURES:

□ Start and stop time

□ Employee Handbook

□ Proper office and fieldwork attire

□ Absenteeism reporting

□ Vacation policy/how to request time off

□ Location of Policies, Collective Agreement, Benefits & Employee Handbook

PAY DATA:

□ How to complete timecard/sheet

□ Overtime procedure

□ Errors in Pay – what to do

□ Tour of work area, identification of other

departments and their function in the

organization

□ Location of first aid room

□ Location of exits and marshalling area

Introductions:

□ Supervisory staff

□ Fellow workers

□ Shop Steward

□ Health & Safety Committee member

□ First Aid Attendant

□ Lunch period and break periods

□ Lockers and storage facilities

□ Where to get information/help

□ Explain routine paperwork

□ Payroll cut off and paydays

□ Acting Pay

□ Statutory Holidays

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| GENERAL AND DIVISION/DEPARTMENT SAFETY ORIENTATION |

General Safety Orientation completed by: Date:

□ Safety Policy □ WHMIS

□ Safety apparel (what is provided, what □ Hearing Conservation

the employee must provide and use) □ RSI and MSI hazards

□ OH&S Program components General Safety Rules

□ Employee rights □ Housekeeping

□ Working Alone or in Isolation □ No horseplay

□ Violence in the Workplace □ Fellow worker concept

□ Biohazard Control Program □ Stay at Work/Return to Work program

Division/Department Orientation completed by: Date:

Departmental Emergency Procedures

□ Location of emergency exits □ Designated Meeting point

□ What to do in case of emergency □ Location of Extinguishers

How to report incidents/accidents/hazards

□ Who to report to □ How to complete forms

□ Where to find report forms

Specific Workplace Hazardous Materials Information System (WHMIS)

□ What hazardous products are in this workplace □ Where the MSDS are located

□ Purpose and significance of information □ Procedures for emergency

on product labels involving hazardous materials,

including clean-up of spills

Joint Occupational Health and Safety Committee

□ Identification of members □ How to contact JOHSC members

□ Safety bulletin board location □ Location of OH&S Regulations

Personal Protective Equipment – What and when to use it, where to get it

□ Hard Hat □ Eye/Face Protection

□ Hearing Protection □ Respiratory Protection (including

□ Steel Toe Footwear Requirements requirement for annual fit-test)

□ Chain Saw Chaps □ Coveralls, other protective clothing

□ Rubber Boots □ Metatarsal guards

Specific Workplace Hazards and procedures

□ Manual Material Handling – safe lifting □ Computer workstation set up

□ Stretching/warm up program □ Housekeeping requirements

□ Vehicle Inspections and Repair □ Equipment inspection and repair

□ Safety rules and expectations (handout) □ Location of written SWP’s

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| SITE/TASK SPECIFIC SAFETY ORIENTATION AND TRAINING |

The following table specifies equipment and tasks requiring certification and training prior to work at the [municipality]. Employees are **not permitted** to operate the equipment or perform the tasks below without producing the appropriate **unexpired** proof of training/certification. All related certificates and documentation are to be sent to Human Resources to be added to their personnel file.

Supervisors are to identify what the worker is required to perform as part of their duties. [Human Resources or the Training Officer] will ensure required training is scheduled as soon as possible.

|  |  |  |  |
| --- | --- | --- | --- |
| **REQUIRED EQUIPMENT / JOB TRAINING** | | | |
| **Equipment / Job** | **Trained and**  **Authorized (✓)** | **Not Required (✓)** | **Requires Training**  **(✓)** |
| Backhoe |  |  |  |
| Loader |  |  |  |
| Forklift |  |  |  |
| Grader |  |  |  |
| Boom Truck (HIAB) |  |  |  |
| Bucket Truck |  |  |  |
| Flail Mower |  |  |  |
| Chipper Operating Procedures |  |  |  |
| Confined Space Entry |  |  |  |
| Propane Filling |  |  |  |
| Excavation |  |  |  |
| Lockout |  |  |  |
| Load Securement |  |  |  |
| Work Zone Set Up |  |  |  |
| Traffic Control Person |  |  |  |
| Electrical Safety |  |  |  |
| A/C Pipe Cutting Procedures |  |  |  |
| Chainsaw |  |  |  |
| Respirator fit-test |  |  |  |
| Other (specify) |  |  |  |
| Other (specify) |  |  |  |
| Other (specify) |  |  |  |
| Other (specify) |  |  |  |
| Other (specify) |  |  |  |
| Other (specify) |  |  |  |

The following written Safe Work Procedures reviewed with this employee prior to him/her starting the position:

Date

Date

Date

Date

The following tasks were demonstrated to this employee:

Date

Date

Date

|  |
| --- |
| SUPERVISOR AND EMPLOYEE ACKNOWLEDGEMENT |

**I have reviewed and understand the information provided to me in this orientation package**

Employee Signature: Date:

Supervisor comments:

Supervisor Signature: Date:

The supervisor is responsible for providing a photocopy of this orientation checklist to the employee. The original checklist is to be forwarded to Human Resources