

Safety Orientation Checklist

All employees and dependent contractors operating under your company's safety plan must review the following general areas **on their first day before they start work or when returning to work after an absence of longer than 6 weeks.**

Employee/Contractor Name: _____ Date: _____

Company Policies	
<input type="checkbox"/> Forest Safety Accord	<input type="checkbox"/> Company Health & Safety policy
<input type="checkbox"/> Safety Team members	<input type="checkbox"/> Job Roles and Responsibilities

Review of Safety Policies and Procedures	
<input type="checkbox"/> PPE policy and requirements	<input type="checkbox"/> Right to refuse unsafe work
<input type="checkbox"/> First Aid procedures and facilities, equipment and personnel	<input type="checkbox"/> Check-in procedures for working alone or in isolation
<input type="checkbox"/> Hazard / close-call / incident reporting requirements and procedures	<input type="checkbox"/> WHMIS orientation and location of the Material Safety Data Sheets (MSDS)
<input type="checkbox"/> Required safety / inspection checklists	<input type="checkbox"/> Injury management program
<input type="checkbox"/> Required safety meetings	<input type="checkbox"/> Progressive discipline policy
<input type="checkbox"/> Emergency Response Plan (ERP), along with emergency procedures and contact numbers	<input type="checkbox"/> Risk of violence in the workplace and procedures for dealing with violent situations
<input type="checkbox"/> Training, certification & qualifications verified by the company (list below) _____ _____ _____ _____ _____ _____	<input type="checkbox"/> Hazard & Risk Assessment Process and applicable Safe Work Procedures (List all Hazards / JSBs / SWPs reviewed with worker. Use back of form as necessary) _____ _____ _____ _____ _____

Signature of Employee / Contractor

Signature of Supervisor / Trainer