

NEW EMPLOYEE ORIENTATION RECORD

Plant: _____

Employee Name: _____

First Day of Employment: _____

Position (task): _____

Part 1 Orientation Complete: _____

Part 2 Orientation Complete: _____

Trainer Name: _____

Part 3 Orientation Complete: _____

Supervisor Name: _____

Part 4 Orientation Complete: _____

Part 1: First Review (Policy and Emergency Response)

Initial Completed

New Employee Orientation - Review the following items - ``Orientation Topics``

• Workers Introduction to Pinnacle Health and Safety Policy Statement	See DATS
• Introduction to Owning Safety	
• Pinnacle - Corporate Policy Manual	
<input type="checkbox"/> Code of Ethics	See DATS
<input type="checkbox"/> Whistleblower	See DATS
<input type="checkbox"/> Anti Bribery & Corruption	See DATS
<input type="checkbox"/> Related Party Transactions	See DATS
• Harassment in the Workplace Policy	See DATS
• Worker Responsibilities	See DATS
• Plant Emergency Response Plan (Evacuation Procedures)	
• Personal Protective Equipment Policy	See DATS
• PPE provided to employee (hardhat, hearing protection, gloves safety glasses, high vis vest, CSA-approved footwear; locks)	Comments: _____
• Right to refuse unsafe work policy (including dust)	See DATS
• Name and contact information of the workers supervisor	Name: _____ Supv Ph: _____
Operator Name: _____	
• Name and contact information of Health and Safety rep(s); given to employee	
• First Aid Contact Procedures (list methods; names for shift, etc)	
• Lock Out Policy	See DATS
• Fire Prevention Policy	See DATS
• Reporting accidents, illness, injury, near misses, close calls (Investigation Procedure)	See DATS
• Return to Work or Injury management policy and contact person	See DATS
• Hearing conservation policy	See DATS
• Electronic Device Policy	See DATS
• Smoking Policy	See DATS
• Working Alone (or in isolation) Policy and Procedure	See DATS
• WHMIS 2015 Orientation	See DATS
• Combustible Dust - (see training items section)	See DATS
• Dust Clean Up Procedure	See DATS
• Environmental Incident (spills)	See DATS
• Employee and Family Assistance Program (counselling etc) (LifeWorks 1-866-331-6851; lifeworks.com)	See DATS
General Items to Review	
• Paperwork and forms all completed	
• Probationary period details (3 mos; details on process)	
• Attendance / Call In Procedures	
• Safety Meeting / Safety Tours Schedule	

PART ONE (1) - Initial Review - Completed and Understood

New Employee Signature

Training Items to Review Verbally With Worker

• Fire Prevention Policy (review again)

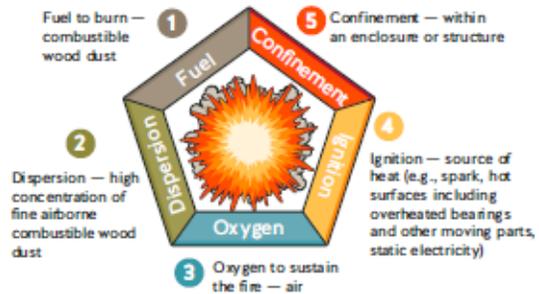
- | | | | |
|--------------------------|------------------------------|--------------------------|---|
| <input type="checkbox"/> | Assignment of responsibility | <input type="checkbox"/> | Training |
| <input type="checkbox"/> | House keeping & maintenance | <input type="checkbox"/> | Hot Work Permit system |
| <input type="checkbox"/> | Types of hazards | <input type="checkbox"/> | Forms available (risk survey, checklists etc) |

• Combustible Dust Hazards and Control measures training

(use supplied material for each section)

- Characteristics of combustible dust
- Identification of combustible dust hazards
- Methods of control for combustible dusts
- Identification & control of ignition sources
- Firefighting controls
- Emergency response procedures
- Safework procedures (Compressed air, clean up)
- Reporting of combustible dust hazards

NOTES SECTION:



- Any near miss or upset condition - reported or reviewed with supervisor so Hazard Assessment can be done
- Hazard Assessment - process, requirements, walk through
- Confined Space - process, requirements, training - understanding of NO entry
- Job Shadowing for each of the new jobs (list jobs & hours required)

• Lockout Policy (review again)

• Lockout "hands on" training - document

- Review of video and WSBC material
- Energy isolation - lockout training completed
- Lockout quiz issued
- Actual lockout demonstrated (document any instructions)

- Record of personal locks (documented on personal lock form)

NOTES SECTION

PART TWO (2) (Page 2)- Work Instruction - Completed and Understood

New Employee Signature

Specialized training (only review required items)

All training items - must include the required

All training items - If individual is NOT trained and documentation is not complete do NOT check the section

- Fall Protection
- Confined space
- Rail car / Track mobile
- Aerial Manlift
- Fork lift
- Roller Changing
- Respirators - fit test, care and usage
- First aid room orientation (first aid attendants)
- Die Changing procedure
- Mobile equipment
- Environmental incidents (spills etc)
- Caustic Training

Documentation / Forms / Procedures to be used

- Hazard Assessments (pre-work)
- Hot Work Permits
- Energized Work Permits
- Equipment Impairment (tagged out etc)
- Confined Space Permits
- Mobile equipment pre-trip inspections
- Mobile equipment operators policy / checklist
-

Plant Familiarization Tour

- | | | |
|---|---|--|
| <input type="checkbox"/> Parking | <input type="checkbox"/> Emergency exits | <input type="checkbox"/> Alarms |
| <input type="checkbox"/> Offices | <input type="checkbox"/> Muster stations | <input type="checkbox"/> Walk ways |
| <input type="checkbox"/> Plant Access | <input type="checkbox"/> First aid location | <input type="checkbox"/> Mobile equipment |
| <input type="checkbox"/> Pedestrian zones | <input type="checkbox"/> Eye wash facilities | <input type="checkbox"/> Municipal Garbage |
| <input type="checkbox"/> Plant Operation | <input type="checkbox"/> Fire extinguishers / hoses | <input type="checkbox"/> Stores Room |
| <input type="checkbox"/> Supervisors Office | <input type="checkbox"/> Valve rooms | <input type="checkbox"/> Fibre dumps |
| <input type="checkbox"/> Control room | <input type="checkbox"/> Fire alarm points | <input type="checkbox"/> Deluge |
| <input type="checkbox"/> Washrooms | <input type="checkbox"/> Health and Safety Rep | <input type="checkbox"/> Abort gates |
| <input type="checkbox"/> Lunchroom | <input type="checkbox"/> Smoking areas | <input type="checkbox"/> Fire |
| <input type="checkbox"/> Visitors | <input type="checkbox"/> Locker usage | <input type="checkbox"/> Fueling Station |

Work Site Hazards (discuss EACH of the following) - add a note where possible

- | | | |
|---|--|--|
| <input type="checkbox"/> Energy types and sources | <input type="checkbox"/> Confined Space | <input type="checkbox"/> Ladder safety |
| <input type="checkbox"/> Moving yard (mobile) equipment | <input type="checkbox"/> Hot work | <input type="checkbox"/> Compressed air |
| <input type="checkbox"/> Moving plant equipment: | <input type="checkbox"/> Slips, trips and falls | <input type="checkbox"/> Natural Disasters |
| ● Conveyors | <input type="checkbox"/> Proximity switches | <input type="checkbox"/> Fibre dumps |
| ● Hog and Biosizer | <input type="checkbox"/> Spark detect / Deluge | <input type="checkbox"/> Clutter |
| ● Hammermills | <input type="checkbox"/> Abort gates | <input type="checkbox"/> Safe Lifting |
| ● Overhead Hazards | <input type="checkbox"/> Fall hazards & protection | <input type="checkbox"/> Hazardous Chemicals |
| ● Pelleters | | |
| ● Air suction | | |
| ● Dryer | | |
| ● Overhead Crane | | |

Work Site Hazard Indicators

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Safeguarding / Warning Signs | <input type="checkbox"/> Caution Tape | <input type="checkbox"/> Overhead work |
|---|---------------------------------------|--|

PART TWO (2) (Pages 3)- Work Instruction - Completed and Understood

New Employee Signature

PART THREE (3) - Follow-up and further instruction (To be completed after observing the New Employee carry out assigned tasks

COMPLETE = ✓

Work Site Observations

• Training log - completed and reviewed daily	
• Safe Operating Procedures - reviewed following first (1st) week of work on each new job	
• Is the employee following the instructions given?	
Job #1	
Job #2	
Job #3	
• Is the employee following the instructions given?	
• Supervisor Notes / Comments	
• Combustible Dust Hazards and Mitigation test	

Additional Instruction Given - any other items instructed on

PART FOUR (4) - Orientation Completion (Supervisor is satisfied that the Employee is competent to carry out the assigned tasks

Signing the Completion Sheet

Verifies that you have read & understand the policies & procedures that have been explained, reviewed & demonstrated to you

If you have any concerns or if you are unsure of ANYTHING you will STOP and ask your supervisor BEFORE performing the task

This is to acknowledge that I _____ have received training, orientation and follow up on the items specified above. In addition, I have received the relevant policies and will ensure I read and understand them fully. It is my responsibility to ask or obtain further information to clarify any policy or procedure.

If anything is unsure or not clear to me, I will STOP what ever I am doing and ask questions or get direction

I understand my right to refuse unsafe work and commit to helping ensure a safe work place by exercising it, if required

Employee Signature _____

_____ Date

Supervisor Signature _____

_____ Date

Superintendent Signature _____

_____ Date

Plant Manager Signature _____

_____ Date

** Completed sheets MUST be signed off by everyone and a copy MUST be placed in the employee`s file