Contractor Orientation Checklist

All persons visiting the worksite will be given an orientation immediately upon arrival on site**.**

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| --- | --- | --- | --- |
| **Person’s Name:** |  | **Date:** |  |
| **Company:** |  |  |  |
| **Site Contact Name:** |  | **Contact Information:** |  |
|  |
| **Review Checklist From Regulation** |
| [ ]  | Location of first aid facilities and means of summoning first aid and reporting illnesses and injuries | [ ]  | WHMIS 1998/2015Controlled/hazardous product inventory is located:MSDS/SDS location: There are four basic issues for each product:1. How can this product hurt me?
2. How do I protect myself?
3. What should I do in an emergency?
4. Where do I get more information?
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| [ ]  | Emergency procedures have been reviewed and discussed. |
| [ ]  | Site specific communication – radio channel, signals, authorized areas of access |
| [ ]  | Working alone or in isolation |
| [ ]  | Violence, bullying or harassment in the workplace | [ ]  | Hazards including risks from robbery, assault or confrontation.Hazards (list top 3 as determined by risk assessment):Review process to eliminate hazard, control hazard and/or protect contractor. |
| [ ]  | Personal protective equipment |
| [ ]  | Company incident, near miss and hazard reporting requirements. |
| [ ]  | Pre-Work Information has been reviewed and discussed |
| [ ]  | Applicable Safe Work Procedures have been reviewed with contractor. |
| [ ]  | Contractor participation requirements have been discussed. Such as Safety Meetings and other requirements. | [ ]  | Additional Info:  |
| **Prior to Start Work Instructions:** |
| 1. Reviewed company OH&S Program and Contractor’s OH&S Program
2. Obtained current WSBC coverage letter to show company has valid WSBC coverage.
3. Obtained a current letter showing proof of liability insurance.
4. Indicate that contractor observations will be conducted to confirm safe work practices.
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|  |  |  |
| Contractor Signature of Person |  | Signature of Site Contact |