

Contractor Orientation Checklist

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

Person's Name: _____ Date: _____

Company: _____

Site Contact Name: _____

Contact Information: _____

Review Checklist From Regulation

<input type="checkbox"/> Location of first aid facilities and means of summoning first aid and reporting illnesses and injuries	<input type="checkbox"/> WHMIS 1998/2015 Controlled/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?
<input type="checkbox"/> Emergency procedures have been reviewed and discussed.	<input type="checkbox"/> Hazards including risks from robbery, assault or confrontation. Hazards (list top 3 as determined by risk assessment): 1. _____ 2. _____ 3. _____ Review process to eliminate hazard, control hazard and/or protect contractor.
<input type="checkbox"/> Site specific communication – radio channel, signals, authorized areas of access	
<input type="checkbox"/> Working alone or in isolation	
<input type="checkbox"/> Violence, bullying or harassment in the workplace	
<input type="checkbox"/> Personal protective equipment	<input type="checkbox"/> Additional Info:
<input type="checkbox"/> Company incident, near miss and hazard reporting requirements.	
<input type="checkbox"/> Pre-Work Information has been reviewed and discussed	
<input type="checkbox"/> Applicable Safe Work Procedures have been reviewed with contractor.	
<input type="checkbox"/> Contractor participation requirements have been discussed. Such as Safety Meetings and other requirements.	

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.

Contractor Signature of Person

Signature of Site Contact