

# Visitor 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: \_\_\_\_\_

## Basic Site Safety Rules

<input type="checkbox"/> Take reasonable care to protect health and safety of yourself and others on site	<input type="checkbox"/> Do not engage in any behavior, including horseplay that may endanger yourself or others
<input type="checkbox"/> Follow safe work procedures	<input type="checkbox"/> Do not wear (music) ear buds in the worksite (in or out of equipment)
<input type="checkbox"/> Do not text while in the workplace unless a safe area is determined by your site contact	<input type="checkbox"/> Do not use cell phones for calls or texting while driving on the worksite
<input type="checkbox"/> Impairment by alcohol, drugs or other causes is not permitted.	<input type="checkbox"/> Report all newly encountered hazards, unsafe conditions, (or acts of others), and close calls to your site contact as soon as possible

## 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 contact numbers	
<input type="checkbox"/> Working alone or in isolation	
<input type="checkbox"/> Violence, bullying or harassment in the workplace	<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 worker(s).
<input type="checkbox"/> Personal protective equipment	
<input type="checkbox"/> Additional info:	

## Instructions:

1. Supervisor to enter visitor's name and date in visitor's log and give this completed form to the visitor.
2. Visitor must have this form while on site as a reference to important site information.

\_\_\_\_\_  
Signature of Person

\_\_\_\_\_  
Signature of Site Contact