Worker Orientation with Follow Up Assessment

All workers will be given an orientation which must include the following topics **before they begin work in a workplace.**

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| **Employee Name:** | |  | | | **Date:** | |  | |
| **Supervisor Name:** | |  | | | **and contact information:** | |  | |
| **Worker Safety rep name and contact information** | | | | |  | | |  |
| (workplace >10 people) | | | | |  | | | |
| **Worker Safety Committee member name and** | | | | |  | | | |
| **contact information** (workplace >19 people) | | | | |  | | | |
| **Review Checklist from Regulation**  **(Do not modify this section or it will not be compliant)** | | | | | | | | |
|  | Company Health & Safety Program | |  | Injury Management Program | | | | |
|  | Employer's and worker's rights and responsibilities under the *Workers Compensation Act* and WorkSafeBC Regulation   * Reporting of unsafe conditions * Right to refuse unsafe work | |  | WHMIS 1998/2015 policy  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? | | | | |
|  | Workplace health and safety rules. | |
|  | Location of first aid facilities and means of summoning first aid and reporting illnesses and injuries | |
|  | Emergency procedures   * Contact numbers | |  | 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 worker(s). | | | | |
|  | Working alone or in isolation | |
|  | Violence and harassment in the workplace | |
|  | Personal protective equipment | |
|  | Instruction and demonstration of the young or new worker's work task or work process | | To be completed by(name): | | |  | | |
| By when: | | |  | | |
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|  | | |  |  | | | | |
| **Signature of Employee** | | | **Signature of Supervisor / Trainer** | | | | |
| **Additional Company Items Checklist** | | | | | | | | |
|  | Pre-use checklists for vehicles and equipment | |  | Attending meetings | | | | |
|  | Discipline policy | |  | Certificates checked (list certifications)  First aid  Driver’s licence | | | | |
|  | Deposit information collected | |  |
|  | Uniform issued | |  | Worker Assessments/ Driver Assessment | | | | |

*Note: Additional orientation requirement under the WorkSafeBC Regulation is to include: “The employer's health and safety program, if required under section 3.1 of this Regulation.” This refers to a formal program required for employers with a workforce of 20 or more persons.*

# Follow Up Assessment

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| **Worker’s Name:** | | |  | | | | | | |
| **Activity being assessed:** | | |  | | | | | | |
| **Date:** |  |  |  | | | | | | |
|  | | | | | | | | | |
| **Task** | | | | **Check if Safe** | | | **Include comments both positive and when improvement is needed.** | |
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| **Signature of Supervisor** | | | | | **Signature of Worker** | |

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| **Activity being assessed:** | | |  | | | | | |
| **Date:** |  |  |  | | | | | |
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| **Task** | | | | **Check if Safe** | | **Include comments both positive and when improvement is needed.** | |
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| **Signature of Supervisor** | | | | | **Signature of Worker** |