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 policyControlled/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 confrontationHazards (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: |  |
|  |
|  |  |  |
| **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 aidDriver’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:** |  |  |  |
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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** |

|  |  |
| --- | --- |
| **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** |