

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.**

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) | | | |
|--|---|---|--|
| <input type="checkbox"/> | Company Health & Safety Program | <input type="checkbox"/> | Injury Management Program |
| <input type="checkbox"/> | Employer's and worker's rights and responsibilities under the <i>Workers Compensation Act</i> and WorkSafeBC Regulation <ul style="list-style-type: none"> • Reporting of unsafe conditions • Right to refuse unsafe work | <input type="checkbox"/> | WHMIS 1998/2015 policy Controlled/hazardous product inventory is located: MSDS/SDS location: _____ There are four basic issues for each product: <ol style="list-style-type: none"> 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"/> | Workplace health and safety rules. | | |
| <input type="checkbox"/> | Location of first aid facilities and means of summoning first aid and reporting illnesses and injuries | | |
| <input type="checkbox"/> | Emergency procedures <ul style="list-style-type: none"> • Contact numbers | <input type="checkbox"/> | Hazards including risks from robbery, assault or confrontation Hazards (List top 3 as determined by risk assessment): <ol style="list-style-type: none"> 1. _____ 2. _____ 3. _____ |
| <input type="checkbox"/> | Working alone or in isolation | | |
| <input type="checkbox"/> | Violence and harassment in the workplace | | |
| <input type="checkbox"/> | Personal protective equipment | | Review process to eliminate hazard, control hazard and/or protect worker(s). |
| <input type="checkbox"/> | 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 | | | |
|------------------------------------|---|--------------------------|---|
| <input type="checkbox"/> | Pre-use checklists for vehicles and equipment | <input type="checkbox"/> | Attending meetings |
| <input type="checkbox"/> | Discipline policy | <input type="checkbox"/> | Certificates checked (list certifications) First aid |
| <input type="checkbox"/> | Deposit information collected | | Driver's licence |
| <input type="checkbox"/> | Uniform issued | <input type="checkbox"/> | 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

Worker's Name: _____

Activity being assessed: _____

Date: _____

| Task | Check if Safe | Include comments both positive and when improvement is needed. |
|------|---------------|--|
| | | |
| | | |
| | | |
| | | |

Signature of Supervisor

Signature of Worker

Activity being assessed: _____

Date: _____

| Task | Check if Safe | Include comments both positive and when improvement is needed. |
|------|---------------|--|
| | | |
| | | |
| | | |
| | | |

Signature of Supervisor

Signature of Worker