

Young and New Worker Orientation Checklist



Employee Name:	
Position <i>(tasks)</i> :	
Date Hired:	Date of Orientation:
Person Providing Orientation:	
Company Name:	

Topic	Check Once Discussed	Notes
1. Supervisor Name: Telephone #:		
2. Rights and Responsibilities <ul style="list-style-type: none"> <input type="checkbox"/> General duties of employers, workers and supervisors <input type="checkbox"/> Worker right to refuse unsafe work <input type="checkbox"/> Worker responsibility to report hazards <input type="checkbox"/> Bullying and harassment 		
3. Workplace Health and Safety Rules <i>(Specific to Workplace)</i>		
4. Known Hazards and How to Deal with Them <i>(Specific to Workplace)</i>		
5. Safe Work Procedures <i>(Specific to Workplace)</i>		
6. Procedure for Working Alone or in Isolation		



7. Measures to Reduce the Risk of Violence in the Workplace and Procedures for Dealing with Violent Situations		
8. Personal Protective Equipment (PPE) <input type="checkbox"/> What to use, when to use it, where to find it and how to care for it		
9. First Aid <input type="checkbox"/> First Aid attendant's name and contact information <input type="checkbox"/> Locations of First Aid kits and eye wash facilities <input type="checkbox"/> How to report an illness, injury or other incident		
10. Emergency Procedures <input type="checkbox"/> Locations of emergency exits and meeting points <input type="checkbox"/> Locations of fire extinguishers and fire alarms <input type="checkbox"/> How to use fire extinguishers <input type="checkbox"/> What to do in an emergency situation		
11. Where Applicable; Basic Contents of the Occupational Health and Safety Program		
12. Hazardous Materials and WHMIS <input type="checkbox"/> Hazardous materials in the workplace <input type="checkbox"/> Hazards of controlled product used by worker <input type="checkbox"/> Location, purpose and how to read MSDS <input type="checkbox"/> How to handle, use, store and dispose of hazardous materials safely <input type="checkbox"/> Procedures for emergencies involving hazardous materials, including clean-up or spills		
13. Where Applicable; Contact Information for the Occupational Health and Safety Committee or the Worker Health and Safety Representative		
14. Other Key Orientation Topics to Discuss if Applicable <input type="checkbox"/> Falls from elevation <input type="checkbox"/> Lockout <input type="checkbox"/> Lifting and moving objects <input type="checkbox"/> Guarding (tools and machinery) <input type="checkbox"/> Forklift and other mobile equipment <input type="checkbox"/> Confined spaces		

Trainer Signature:	
Worker Signature:	

