EMPLOYEE ORIENTATION CHECKLIST

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| **EMPLOYEE NAME** | **DEPARTMENT** |
|  |  |
| **ORIENTATION DATE** | **ORIENTATOR NAME** |
|  |  |

*Indicate orientation materials provided to new worker:*

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| --- |
| **EMPLOYEE INFORMATION & ROLE** |
| * NEW EMPLOYEE INFO. FORM
* IDENTIFICATION OF SUPERVISOR
 | * COMPANY CONTACTS
 |
| **HEALTH & SAFETY** |
| * EMPLOYEE HANDBOOK
* IDENTIFCATION OF SAFETY REP/JHSC
* ACCIDENT/INJURY REPORTING PROCEDURES
* EMERGENCY PROCEDURES
* PPE
* IDENTIFICATION OF HAZARDOUS MATERIALS ON SITE
 | * EMERGENCY CONTACTS
* IDENTIFICATION OF FIRST AID TRAINED EMPLOYEES ON SITE
* LOCATION(S) OF FIRST AID KIT
* COMPANY PROCEDURES & POLICIES
* IDENTIFICATION OF POTENTIAL HAZARDS ON SITE
 |
| **RIGHTS & RESPONSIBILITIES** |
| * WORKER RIGHTS & RESPONSIBILITIES
	+ RIGHT TO PARTICIPATE
	+ RIGHT TO KNOW
	+ RIGHT TO REFUSE WORK
 |  |
| **TRAINING** |
| * PREVIOUS TRAINING
* WHMIS
* FIRST AID
* WORKING AT HEIGHTS
 | * WORKING ALONE
* OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **PAYROLL & TIME OFF** |
| * TIMESHEETS
* PAYROLL PROCEDURES
 | * COMPANY SICK POLICY
* COMPANY VACATION POLICY
 |

*By signing this document, I agree that I have received the abovementioned orientation/training:*

**EMPLOYEE SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_