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