FORM HSP004

net

ORIENTATION CHECKLIST
FIELD STAFF

Employee:	Department/Position:	Date:
Site/Location:	Supervisor:	Start Time:

TOPIC	Initial upon Review	TOPIC	Initial upon Review
1. Health and Safety Policy		13. Workplace Violence and Harassment	
2. Occupational Health and Safety Act and Regulations		14. Emergency Preparedness and Response - Evacuations, Fires, Spills, etc.	
3. Worker Responsibilities and Accountabilities		15. Equipment Inspections - Mobile Equipment, Scaffolds, Ladders, Fall Arrest, Tools, etc.	
4. Non-Compliance Policy		16. Safe Work Areas - Requirements for Signage, Barricades, Caution and Danger Tape	
5. Mobile Communication Devices Policy		17. Hazard Reporting	
6. Smoking and Tobacco in the Workplace		18. Lock-Out/Tag-Out	
7. Substance Abuse Policy		19. Housekeeping	
8. WHMIS - Right to Know, Training		20. Ministry of Labour	
9. Personal Protective Equipment - Requirements		21. Safety Talks	
10. Fall Protection / Working at Heights		22. Joint Health and Safety Committee - Form and Function, Members, Meetings	
11. Accident and Incident Reporting		23. Hygiene Facilities	
12. First Aid and Medical Treatment, Return to Work Program		24. Site Specific Safety Orientation: _____	

THIS SECTION TO BE COMPLETED BY SUPERVISOR OR HEALTH AND SAFETY ONLY
VERIFY TRAINING RECORDS - CHECK DATE(S) AND DOCUMENT WHERE PROVIDED

The following requirements are mandatory prior to starting work:

Awareness:	**WHMIS:**	**Fall Protection/Working at Heights:**

The following training tickets have been verified for validation:

E.W.P:	Forklift:	Propane Handling:
Confined Space:	First Aid/CPR:	Lock-out/Tag-out:
All Terrain Forklift:	Fire Watch:	Hoisting and Rigging:
Crane:	Supervisor Training:	Other:

I have been advised of the requirements listed above and fully understand my responsibilities and accountabilities:

Employee: _____ _____
(Please Print Name) (Signature)

Supervisor or Health & Safety: _____ _____
(Please Print Name) (Signature)

Time Completed: