**Orientation Checklist for Other Work Site Parties at [site name]**

|  |  |
| --- | --- |
| **Employer Name** |  |
| **Contractor/Self-employed/Visitor Name** |  |
| **Orientation completed by** |  |
| **Date Completed** |  |
|  |
| Complete all applicable sections\*Volunteers will complete a worker’s general orientation. | **Date Completed & Initial**  | **Comments**  |
| **Mandatory sign in/out of:*** Contractor tags and keys
 |  |  |
| **Washroom Facilities**  |  |  |
| **Health & Safety Policy and procedures** Provided a copy of the site policyCover contractor responsibilities (Rights of workers)Review any necessary OHS procedures [site to put procedures such as smoking policy, loading and unloading, parking/traffic, elevator use, clean up/garbage/dust, resident behaviors, violence and harassment prevention plans etc.] |  |  |
| **Site Orientation**Familiarization tour of the siteSite contact  |  |  |
| **Review of Hazards**Review hazards unique to environment working in.Complete site-specific hazard assessment if required and on a as need or ongoing basis  |  |  |
| **How to report any unsafe/unhealthy conditions** |  |  |
| **How to report Incidents** |  |  |
| **Review the Emergency Response Plan**Cover contractor responsibilities and location of the muster point, fire extinguishers, first aid kits, egress routes, meeting places |  |  |
| **WHMIS & MSDS**Ensure proper labelling and storage  |  |  |
| **Infection Control & Prevention**If contractors are sick, they are not permitted on site.Cover *Outbreak notification and procedures for contractors.* |  |  |
| **[site name] is a safe workplace and will halt all unsafe work practices** |
| **Other:** |
| **Name: (please print name)**  | **Signature** | **Date:** |
|  |  |
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