**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 policy  Cover 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 site  Site 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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