Worker Key Orientation Topics Checklist

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Worker’s name:** | |  | **Date of orientation:** | | |  |
|  | |  |  | |  |  |
| **Date of hire:** | |  | **Supervisor’s name:** | | |  |
|  | |  |  |  |  |  |
| **Orientation topics covered?** | | | Yes | No | **Written work procedures** |  |
|  |  |  |  |  | (list them here)**:** |  |
| Rights of workers: | | |  |  |  |
|  |  |  |  |
| • | Right to know | | ■ | ■ |  |  |
| • | Right to participate | | ■ | ■ |  |  |
| • | Right to refuse | | ■ | ■ |  |  |
|  | |  |  |  |  |  |
| Company’s health and safety policy | | | ■ | ■ |  |  |
|  | |  |  |  |  |  |
| Work site party responsibilities | | | ■ | ■ |  |  |
|  | |  |  |  |  |  |
| Health and safety rules | | | ■ | ■ |  |  |
|  | |  |  |  |  |  |
| Site orientation | | | ■ | ■ |  |  |
|  | |  |  |  |  |  |
| Review of hazards | | | ■ | ■ |  |  |
|  | |  |  |  |  |  |
| How to report unsafe/unhealthy conditions | | |  |  |  |  |
| and other health and safety concerns | | | ■ | ■ |  |  |
|  | |  |  |  |  |  |
| How to report incidents | | | ■ | ■ | **Other topics covered** |  |
|  |  |  |  |  | (list them here)**:** |  |
| Workplace violence prevention plan | | | ■ | ■ |  |
|  |  |
|  | |  |  |  |  |  |
| Workplace harassment prevention plan | | | ■ | ■ |  |  |
|  | |  |  |  |  |  |
| Review the emergency response plan | | | ■ | ■ |  |  |
|  | |  |  |  |  |  |
| Location of fire exit(s) and fire extinguisher(s) | | | ■ | ■ |  |  |
|  | |  |  |  |  |  |
| How to get first aid treatment | | | ■ | ■ |  |  |
|  | |  |  |  |  |  |
| Location of first aid kit(s) | | | ■ | ■ |  |  |
|  | |  |  |  |  |  |
| WHMIS training (if applicable) | | | ■ | ■ |  |  |
|  | |  |  |  |  |  |
| Location of safety data sheets (SDSs) | | | ■ | ■ |  |  |
|  | |  |  |  |  |  |
| Use of personal protective equipment | | | ■ | ■ |  |  |
|  | | |  | |  |  |
| **Worker signature:** | |  | **Supervisor signature:** | | |  |
|  |  |  |  |  |  |  |

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