|  |
| --- |
| **Contractor Orientation Checklist** |
| Date:  | Site: |
| Contractor:  | Company: |
| Description of Work:  |
| Orientation completed by: |
|  | N/A | Initials (Trainer) | Initials (Contractor) |
| **Documentation (Contractor hiring package)** **[site to include items that are to be completed prior to activity beginning]** |  |  |  |
| WCB Info/Insurance |  |  |  |
| References |  |  |  |
| Certification records |  |  |  |
| Contractor Agreement |  |  |  |
| Formal Hazard Assessments |  |  |  |
| Site Specific Hazard Assessments |  |  |  |
| **Identification and contacts** |  |  |  |
| Sign-in / Sign-out process/End of day/Site contact person |  |  |  |
| Contractor Badge and Visible Identification |  |  |  |
| **Site Orientation** |  |  |  |
| Building security/Contractor hours of work/Storage of equipment/Personal Hygiene/Smoking/Hand washing  |  |  |  |
| Completing Site-Specific Hazard Assessments |  |  |  |
| Hazard reporting and Unsafe work  |  |  |  |
| Near Miss, Incident Reporting and Investigation |  |  |  |
| Inspections and ongoing monitoring by site |  |  |  |
| Emergency Response: Muster point, Fire Alarm, Location of Fire extinguishers, Fire Exits, Fire Panel |  |  |  |
| Site orientation tour (Entrances, parking, washrooms, secure areas) |  |  |  |
| Water access, gas access, maintenance rooms, electrical rooms etc.  |  |  |  |
| **Other** |  |  |  |
| Garbage disposal/Dust control/Clean up |  |  |  |
| Reporting for work with a communicable disease |  |  |  |
| Resident respect, precautions and/or concerns |  |  |  |
|  |  |  |  |
|  |  |  |  |
| [site role title] Signature: | Printed name: | Date: |
| Contractor Signature: | Printed name: | Date: |