

Worker Orientation Health and Safety Checklist

This checklist is a guide for completing a health and safety orientation program for new workers. Once completed and signed by both the supervisor and the worker, it serves as documentation that proper employee safety orientation has taken place.

Worker's Name _____ Job Title _____

Supervisor's Name _____ Company Name _____

Date Worker Hired _____ Orientation Date _____

Place a check in each box to indicate that the topic has been covered.

1. Understands the company health and safety program including:

- ☐ Orientation
- ☐ On-the-job training to include a harassment and violence prevention plan
- ☐ Health and safety meetings
- ☐ Incident investigation and reporting
- ☐ Function of the health and safety committee or representative

2. Know the hazards related to specific job duties:

Example: If you use a forklift truck at work, what are the hazards and how do you avoid an injury or incident?

- ☐ Physical hazards (ladders, electricity, repetitive work, hot oil etc.)
- ☐ Chemical hazards (cleaning chemicals, toxic substances, dust, paint, asbestos etc.)
- ☐ Biological hazards (bacteria, viruses, fungi, mold, insects etc.)
- ☐ Psychosocial hazards (stress, fatigue, workplace harassment and violence etc.)

3. Know which personal protective equipment had to be worn or used:

- ☐ hard hats
- ☐ safety glasses
- ☐ high visibility vests
- ☐ gloves
- ☐ respiratory protective equipment
- ☐ other protective equipment specific to job

4. Know who reports what:

- ☐ reporting incidents
- ☐ reporting near misses
- ☐ when to report an injury
- ☐ how to report an injury
- ☐ whom to report the injury to
- ☐ completing and filing an incident report form

5. Where the first aid supplies equipment, and who to deal with:

- ☐ obtaining first aid treatment
- ☐ first aid stations
- ☐ location and names of first aid responders

6. Has access to the emergency plan:

- ☐ know where the exit locations and evacuation routes are
- ☐ know how to use an extinguisher or firehose
- ☐ find the information for specific procedures (medical, chemical, fire etc.)

7. Know the vehicle safety requirements:

- ☐ safety and speed regulations
- ☐ type of operating licence required

8. Personal work habits:

- ☐ consequences of clowning around and not following the health and safety rules
- ☐ carelessness or neglect
- ☐ smoking policy
- ☐ good housekeeping practices
- ☐ proper lifting and carrying techniques

The signatures below are evidence that the topics contained in this checklist have been discussed to the satisfaction of the worker and the supervisor, and that both parties accept responsibility for maintaining a safe and healthy workplace.

Supervisor's Signature _____ Date _____

Worker's Signature _____ Date _____