

# Contractor Orientation Checklist

All persons visiting the worksite will be given an orientation immediately upon arrival on site.

Person's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Company: \_\_\_\_\_

Site Contact Name: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Review Checklist From Regulation	
<input type="checkbox"/> Location of first aid facilities and means of summoning first aid and reporting illnesses and injuries	<input type="checkbox"/> WHMIS 1998/2015 Controlled/hazardous product inventory is located:  MSDS/SDS location: _____  There are four basic issues for each product: 1. How can this product hurt me? 2. How do I protect myself? 3. What should I do in an emergency? 4. Where do I get more information?
<input type="checkbox"/> Emergency procedures have been reviewed and discussed.	
<input type="checkbox"/> Site specific communication – radio channel, signals, authorized areas of access	
<input type="checkbox"/> Working alone or in isolation	
<input type="checkbox"/> Violence, bullying or harassment in the workplace	<input type="checkbox"/> Hazards including risks from robbery, assault or confrontation.  Hazards (list top 3 as determined by risk assessment): 1. _____ 2. _____ 3. _____  Review process to eliminate hazard, control hazard and/or protect contractor.
<input type="checkbox"/> Personal protective equipment	
<input type="checkbox"/> Company incident, near miss and hazard reporting requirements.	
<input type="checkbox"/> Pre-Work Information has been reviewed and discussed	
<input type="checkbox"/> Applicable Safe Work Procedures have been reviewed with contractor.	<input type="checkbox"/> Additional Info:
<input type="checkbox"/> Contractor participation requirements have been discussed. Such as Safety Meetings and other requirements.	
Prior to Start Work Instructions:	
1. Reviewed company OH&S Program and Contractor's OH&S Program 2. Obtained current WSBC coverage letter to show company has valid WSBC coverage. 3. Obtained a current letter showing proof of liability insurance. 4. Indicate that contractor observations will be conducted to confirm safe work practices.	

\_\_\_\_\_  
Contractor Signature of Person

\_\_\_\_\_  
Signature of Site Contact