

Visitor 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: _____

Basic Site Safety Rules			
<input type="checkbox"/>	Take reasonable care to protect health and safety of yourself and others on site	<input type="checkbox"/>	Do not engage in any behavior, including horseplay that may endanger yourself or others
<input type="checkbox"/>	Follow safe work procedures	<input type="checkbox"/>	Do not wear (music) ear buds in the worksite (in or out of equipment)
<input type="checkbox"/>	Do not text while in the workplace unless a safe area is determined by your site contact	<input type="checkbox"/>	Do not use cell phones for calls or texting while driving on the worksite
<input type="checkbox"/>	Impairment by alcohol, drugs or other causes is not permitted.	<input type="checkbox"/>	Report all newly encountered hazards, unsafe conditions, (or acts of others), and close calls to your site contact as soon as possible
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 contact numbers		
<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 worker(s).
<input type="checkbox"/>	Personal protective equipment		
<input type="checkbox"/>	Additional info:		
Instructions:			
1. Supervisor to enter visitor's name and date in visitor's log and give this completed form to the visitor. 2. Visitor must have this form while on site as a reference to important site information.			

Signature of Person

Signature of Site Contact