

# Orientation of Young or New Workers Checklist

All young or new workers will be given an orientation which must include the following topics **before they begin work in a workplace.**

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ and contact information: \_\_\_\_\_

Worker Safety rep name and contact information \_\_\_\_\_  
(workplace >10 people) \_\_\_\_\_

Worker Safety Committee member name and contact information (workplace >19 people) \_\_\_\_\_

Review Checklist From Regulation			
<input type="checkbox"/>	Company Health & Safety Program	<input type="checkbox"/>	Injury Management Program
<input type="checkbox"/>	Employer's and worker's rights and responsibilities under the <i>Workers Compensation Act</i> and WorkSafeBC Regulation <ul style="list-style-type: none"> <li>• Reporting of unsafe conditions</li> <li>• Right to refuse unsafe work</li> </ul>	<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"/>	Workplace health and safety rules.		
<input type="checkbox"/>	Location of first aid facilities and means of summoning first aid and reporting illnesses and injuries		
<input type="checkbox"/>	Emergency procedures <ul style="list-style-type: none"> <li>• Contact numbers</li> </ul>	<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"/>	Working alone or in isolation		
<input type="checkbox"/>	Violence and harassment in the workplace		
<input type="checkbox"/>	Personal protective equipment		
<input type="checkbox"/>	Instruction and demonstration of the young or new worker's work task or work process	To be completed by(name): _____ By when: _____	

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Signature of Supervisor / Trainer

Additional Company Items Checklist			
<input type="checkbox"/>	Pre-use checklists for vehicles and equipment	<input type="checkbox"/>	Attending meetings
<input type="checkbox"/>	Discipline policy	<input type="checkbox"/>	Certificates checked (list certifications) First aid Driver's licence
<input type="checkbox"/>	Deposit information collected		
<input type="checkbox"/>	Uniform issued	<input type="checkbox"/>	Union card

Note: Additional orientation requirement under the WorkSafeBC Regulation is to include: "The employer's health and safety program, if required under section 3.1 of this Regulation." This refers to a formal program required for employers with a workforce of 20 or more persons.