

Orientation of Young or New Workers Checklist with Follow Up Assessment

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"> Reporting of unsafe conditions Right to refuse unsafe work 	<input type="checkbox"/>	WHMIS 1998/2015 policy Controlled/hazardous product inventory is located: MSDS/SDS location: _____ There are four basic issues for each product: <ol style="list-style-type: none"> 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"> Contact numbers 	<input type="checkbox"/>	Hazards including risks from robbery, assault or confrontation Hazards (List top 3 as determined by risk assessment): <ol style="list-style-type: none"> 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.

Follow Up Assessment

Worker's Name: _____

Activity being assessed: _____

Date: _____

Task	Check if Safe	Include comments both positive and when improvement is needed.

Signature of Supervisor

Signature of Worker

Activity being assessed: _____

Date: _____

Task	Check if Safe	Include comments both positive and when improvement is needed.

Signature of Supervisor

Signature of Worker

Activity being assessed: _____

Date: _____

Task	Check if Safe	Include comments both positive and when improvement is needed.

Signature of Supervisor

Signature of Worker

Activity being assessed: _____

Date: _____

Task	Check if Safe	Include comments both positive and when improvement is needed.

Signature of Supervisor

Signature of Worker

Activity being assessed: _____

Date: _____

Task	Check if Safe	Include comments both positive and when improvement is needed.

Signature of Supervisor

Signature of Worker

Follow Up Required

What	Why	When	Who	Confirmed as completed by: