

NEW EMPLOYEE ORIENTATION FORM

Health and safety orientations are required under the Occupational Health and Safety Act. This form is to be completed before a new employee commences work. Please complete all sections that are applicable.

This form must be signed and dated by the individual responsible for the orientation and the new worker who has received the orientation. Once signed, maintain the original copy of the New Employee Orientation Form as documentation.

<input type="checkbox"/> New Employee	<input type="checkbox"/> Transferred	<input type="checkbox"/> Student
First Name:	Last Name:	Location:
Department:	Job Position:	
Drivers License Required: <input type="checkbox"/> YES <input type="checkbox"/> NO		Copy of Drivers Licence: <input type="checkbox"/> YES <input type="checkbox"/> NO

PART 1 COMPANY ORIENTATION

GENERAL – This section to be completed during the orientation session (review of BPC Policies)

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Safety Program | <input type="checkbox"/> Hazard Awareness | <input type="checkbox"/> Safety Meeting | <input type="checkbox"/> Safety Orientation Video & quiz |
| <input type="checkbox"/> Health and Safety Policy | <input type="checkbox"/> Reporting Procedures (FGI) | <input type="checkbox"/> Emergency Procedure | <input type="checkbox"/> Provide Employee H&S Hand Book |
| <input type="checkbox"/> Responsibilities | <input type="checkbox"/> J.H.S.C. | <input type="checkbox"/> WHMIS | <input type="checkbox"/> In Safety, there is no such thing as a Stupid question |
| <input type="checkbox"/> Worker Rights | <input type="checkbox"/> Job Specific Training | <input type="checkbox"/> Equipment Operation | <input type="checkbox"/> RTW policy |
| <input type="checkbox"/> Drug & Alcohol Policy | <input type="checkbox"/> Personal Protective Equipment | <input type="checkbox"/> Workplace Inspections | |
| <input type="checkbox"/> Disciplinary Process | <input type="checkbox"/> Hearing Conservation | <input type="checkbox"/> Accident Investigations | |

PART 2 POTENTIAL SITE HAZARDS

Safe Work Procedures

- | | |
|---|--|
| <input type="checkbox"/> Excavations | <input type="checkbox"/> 3 Point Contact |
| <input type="checkbox"/> Confined Space | <input type="checkbox"/> Manual Lifting |
| <input type="checkbox"/> Fall Protection (working at heights) | <input type="checkbox"/> Pinch Points |
| <input type="checkbox"/> Lockout | <input type="checkbox"/> Traffic Protection Plan |
| <input type="checkbox"/> Hoisting and Lifting | <input type="checkbox"/> Traffic Control Awareness (training and documentation is required to be a traffic control person) |
| <input type="checkbox"/> Working Alone | <input type="checkbox"/> Working Around Heavy Equipment and Visibility |

Oriantator's Comments:

I have been instructed and understand the foregoing information.

Employee Signature: _____ Date: _____

I have instructed the foregoing information with the above employee and believe that he or she has a reasonable understanding of the information.

Oriantator's Signature: _____ Date: _____

ORIENTATION MUST BE COMPLETED PRIOR TO COMMENCING WORK

Original Copy to Be Signed and Maintained as Documentation