

NEW & YOUNG WORKER ORIENTATION CHECKLIST

This checklist is required to be completed for every employee at each location. Once complete, it must be submitted to the Production Office and the Production Safety Department.

Worker's Name	Date of Orientation
Department	Supervisor's Name
Location	Orientation Given By

- ✓ I have received Employer's/Worker's rights and responsibilities and Refusal of Unsafe Work summaries.
- ✓ I have received Workplace Health and Safety Rules and the Code of Safe Practices and I know how to obtain a copy of the Safety Program.
- ✓ I have been informed of emergency procedures for my workplace.
- ✓ I am aware of the location of fire exits and fire extinguishers at this location.
- ✓ I will report unsafe work conditions to my supervisor, a safety committee member, AD or the Production Manager.
- ✓ I am aware that there is a safety hotline that may be used anonymously.
- ✓ I have been made aware of obvious or potential workplace hazards.
- ✓ I am aware of the location of first aid facilities and/or set medical personnel.
- ✓ I am aware of how to report injury or illness.
- ✓ I have the name of and contact information for my immediate supervisor.
- ✓ I am aware of WHMIS/SDS guidelines.
- ✓ I am aware of the required PPE necessary to perform my job safely.
- ✓ I am aware of working alone procedures (if applicable).
- ✓ I am aware of "risk of violence" procedures.

Signature	Date
-----------	------