



NEW EMPLOYEE H&S ORIENTATION CHECKLIST

Employee Name	Job Title/Dept	Date
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THE WORKER HAS BEEN ISSUED THE FOLLOWING PPE:

Safety headwear <input type="checkbox"/> Colour: _____	Safety eyewear <input type="checkbox"/>
Hi-vis vest <input type="checkbox"/>	

THIS PORTION OF THE ORIENTATION TO BE COMPLETED BY NEW WORKER'S IMMEDIATE SUPERVISOR (OR DESIGNATE). ITEMS COVERED, BUT NOT ON THIS LIST, CAN BE ADDED ON PAGE 3.

ORIENTATION ITEM	ACTION REQ'D	INITIALS	
		Worker	Supv.
HS-003; Alcohol and Drug-free Workplace Policy Acknowledgment Form	Signed and forward to H&S		
Hazards that exist: Department <input type="checkbox"/> Work Area(s) <input type="checkbox"/>	List some of the hazards:		
Critical tasks: Arc flash, LOTO, CSE etc.	List critical tasks:		
Safe Work Practices: Location of SWPs, which SWPs apply	List some of the SWPs that apply:		
Safe Job Procedures: Location of SJPs, which SJPs apply	List some of the SJPs that apply:		
Fire prevention: Extinguisher location(s) <input type="checkbox"/> Fire alarm activation <input type="checkbox"/>	Identify 2 fire extinguisher locations from tour:		
First aid: 1 st aid kit location(s) <input type="checkbox"/> 1 st aid attendants <input type="checkbox"/> Eyewash stations <input type="checkbox"/>	Identify 2 first aid kit locations and attendants (include 1 MFR):		
Tools and equipment: Safe use and care <input type="checkbox"/> Inspection requirements <input type="checkbox"/> Defective tools/equipment <input type="checkbox"/>	List some tools/equipment that will be used: List some tools/equipment that worker will inspect:		

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		Worker	Supv.
PPE requirements: Minimum PPE <input type="checkbox"/> Specialized PPE <input type="checkbox"/> How to obtain PPE <input type="checkbox"/> PPE care and storage <input type="checkbox"/> How to obtain safety clothing <input type="checkbox"/>	List specialized PPE that may be required:		
Reporting: Substandard act <input type="checkbox"/> Sustandard condition <input type="checkbox"/> Near miss <input type="checkbox"/> Incident/injury <input type="checkbox"/>	List requirements:		
Check-in requirements: Travelling <input type="checkbox"/> Working alone <input type="checkbox"/> Worker may require inReach <input type="checkbox"/>	List requirements for each:		
Safety Meetings: Department <input type="checkbox"/> JHSC <input type="checkbox"/>	Provide safety meeting frequencies:		
Worker required to work at: Aishihik <input type="checkbox"/> LNG <input type="checkbox"/> Substation <input type="checkbox"/>	List requirements for each checked site:		
Tour of work area(s): Conducted by: _____ Worker has minimum PPE? <input type="checkbox"/>	List area(s) toured:		
Training requirements (by Supervisor): CSE <input type="checkbox"/> Fall protection <input type="checkbox"/> 1 st aid <input type="checkbox"/> Forklift <input type="checkbox"/> Aerial platform <input type="checkbox"/> TDG <input type="checkbox"/> WHMIS <input type="checkbox"/> Other: _____			

THE ABOVE NAMED PERSON HAS THE NECESSARY PPE AND HAS BEEN ORIENTED TO THE SAFETY ITEMS ABOVE AND ON PG. 3.

Signature – New Employee	Signature – Supervisor (or designate)	Signature – Health & Safety
		<input type="checkbox"/> Copy to file

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ADDITIONAL ITEMS NOT COVERED IN PAGES 1-2.

ORIENTATION ITEM	ACTION REQ'D	INITIALS	
		Worker	Supv.
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

More items? Use the back of the page.