



Sign Off (Record of Safety Orientation)

Employee Name: _____ Orientation Date: _____
(Please Print) (dd/mm/yr)

Position/Job: _____ Immediate Supervisor: _____

Type of Orientation: New Employee Transfer Rehire Part-time/Seasonal

Check off items discussed:

- 1) Purpose of a Health and Safety Orientation
- 2) Introduction to our Health and Safety Policy and the program that supports it
- 3) Internal Responsibility System and the Joint Health and Safety Committee
- 4) Duties, Responsibilities and Rights
- 5) Identification of Hazards
- 6) Reporting Requirements for Hazards, Incidents and Accidents
- 7) Emergency Procedures
- 8) Location of nearest First Aid box and First Aid Person
- 9) Location of Health and Safety Bulletin Board and MSDS Binder
- 10) Contact info for/introduction to Health & Safety Representative
- 11) Identification and Instruction on Specific Workplace Hazards
- 12) What to do if you have a Health and Safety Concern.

I have received Health and Safety Orientation on the above items.

Worker: _____ Date: _____
(Please Sign) (dd/mm/yr)

I have provided Health and Safety Orientation on the above items.

Supervisor: _____ Date: _____
(Please Sign) (dd/mm/yr)