



**NEW EMPLOYEE ORIENTATION AND  
HAZARD AWARENESS RECORD FORM**

**I.D. 000127**

<input type="checkbox"/> New Hire <input type="checkbox"/> RTW	<input type="checkbox"/> Transferred	<input type="checkbox"/> Volunteer
Name:	Department/Division	Position:
Medical Conditions(optional)	Emergency Contact(optional)	Phone:

**PHYSICAL PLANT ORIENTATION**

**GENERAL – HEAD OFFICE**

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Health and Safety Policy           | <input type="checkbox"/> Training                            | <input type="checkbox"/> Violence in the Workplace            | <input type="checkbox"/> PPLASH Committee         |
| <input type="checkbox"/> Employee Manual                    | <input type="checkbox"/> Hazard Awareness                    | <input type="checkbox"/> Ergonomics / Back injury             | <input type="checkbox"/> Safety Meetings          |
| <input type="checkbox"/> C.O.R                              | <input type="checkbox"/> Hearing Conservation                | <input type="checkbox"/> Road Safety / TCP                    | <input type="checkbox"/> WorkSafeMB Claim Process |
| <input type="checkbox"/> Harassment Policy                  | <input type="checkbox"/> Asbestos                            | <input type="checkbox"/> Equipment Operation /<br>Inspections | <input type="checkbox"/> Return to Work Program   |
| <input type="checkbox"/> Privacy Policy                     | <input type="checkbox"/> Mold                                | <input type="checkbox"/> Workplace Inspections /<br>JHA       | <input type="checkbox"/> WHMIS                    |
| <input type="checkbox"/> Responsibilities/<br>Due Diligence | <input type="checkbox"/> Silicosis                           | <input type="checkbox"/> First Aid                            | <input type="checkbox"/> Waste Management         |
| <input type="checkbox"/> Worker's Rights                    | <input type="checkbox"/> Respiratory Protection              | <input type="checkbox"/> Emergency Response                   | <input type="checkbox"/> _____                    |
| <input type="checkbox"/> General Safety Rules               | <input type="checkbox"/> Scent Sensitive Environment         | <input type="checkbox"/> Fire Extinguishers                   | <input type="checkbox"/> _____                    |
| <input type="checkbox"/> Drug & Alcohol Policy              | <input type="checkbox"/> Lab safety                          | <input type="checkbox"/> Muster Points                        | <input type="checkbox"/> _____                    |
| <input type="checkbox"/> Personal Protective<br>Equipment   | <input type="checkbox"/> Working alone                       | <input type="checkbox"/> Incident Reporting                   | <input type="checkbox"/> _____                    |
|   | <input type="checkbox"/> Ladder Safety/working at<br>heights |   |   |



The following section is to be completed by the employee's immediate supervisor. This is to assist both employee and supervisor in establishing open communication and a working relationship

SUPERVISOR ORIENTATION

- Responsibilities
  - Right to Refuse unsafe work
  - General / Company Rules
  - Equipment Operation
  - Equipment/Vehicle Inspections
  - Preventative Maintenance
  - Tag out Equipment
  - Workplace Inspections
  - First Aid
  - Emergency Response
  - Communication / Radios / Signals
  - Accident Investigations
  - Incident Reporting
  - Emergency Procedures
  - Fire Extinguishers
  - Muster Points
  - Disciplinary Process
  - Attendance
  - Smoking
  - Hazard Awareness
  - Reporting Procedures
  - Ask for Instruction
  - Training
  - Safe Work Procedures
  - Personal Protective Equipment / Special
  - Hearing Conservation
  - Safety Committee
  - Safety Meetings
  - Tool Box Meetings
  - Bulletin Board/Safety Board
  - Housekeeping
  - Employee Manual
  - ID Cards
  - Parking
  - Access Cards / Keys
  - Emergency Contacts (importance of filling out EC form)
  - Hours of Work / Overtime Rules
  - Interdepartmental and External Mail
  - Telephone Directory
- Other:
- \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_



The following section is to assist Supervisors in identifying the required authorization / training prior to a new employee using any equipment. All equipment orientation and training performed must be recorded and maintained as documentation, as well as ongoing assessments.

EQUIPMENT AUTHORIZATION AND TRAINING IDENTIFICATION @ TIME OF HIRE

Identify all required training - to be done by supervisor

- Grid of checkboxes for training items: Confined Space, Fall Protection / Ladder Safety, TDG, First Aid L, WHMIS, Drivers License, 4540 kg (class 3), License & Abstract.

Equipment Authorization, Training and documentation is the Responsibility of the Supervisor

Supervisor Comments:

N/A Identified Field Partner (FP) Division:

The identified field partner is used to ensure an employee is oriented during their exposure to fieldwork. Field partners must ensure a new employee does not attempt to perform tasks they have not been authorized or trained to do so.

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:

Supervisor Signature: Date:

SITE ORIENTATION MUST BE COMPLETED PRIOR TO COMMENCING WORK

Original Copy to Be Signed and Maintained as Documentation