

New Hire Orientation



Physical Plant
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New hire orientations are to be completed within 72 hours of a new employee starting. Supervisors are to notify the Physical Plant Health and Safety Program 1 week prior to a new worker starting work to arrange for an orientation. Supervisors are to complete the Department Orientation Checklist, Personal Protective Equipment, and Specialized Training Requirements section.

Employee Information

Name: Employee Number: Start Date:

Supervisor: Department: Position:

New Hire Returning Employee Change of Job or Area Temporary/Seasonal Employee

Physical Plant Health and Safety Program Checklist

The Health and Safety Program's orientation is to be completed within 72 hours of the new hire starting. It shall include, but not be limited to:

<input type="checkbox"/> New Worker Orientation Presentation	<input type="checkbox"/> Physical Plant Health & Safety Policy	<input type="checkbox"/> LASH Committee	<input type="checkbox"/> Lab Safety	<input type="checkbox"/> Hearing Conservation
<input type="checkbox"/> Environmental Health & Safety Office	<input type="checkbox"/> Physical Plant Health & Safety Manual	<input type="checkbox"/> Health & Safety Concerns	<input type="checkbox"/> WHMIS	<input type="checkbox"/> Musculoskeletal Injuries
<input type="checkbox"/> Worker's Rights	<input type="checkbox"/> Violence Policy	<input type="checkbox"/> Incident/Injury Reporting	<input type="checkbox"/> Hazardous Building Materials	<input type="checkbox"/> Lock Out/Tag Out
<input type="checkbox"/> Right to Refuse Dangerous Work	<input type="checkbox"/> Harassment Policy	<input type="checkbox"/> Medical Aid & Facilities	<input type="checkbox"/> Personal Protective Equipment	<input type="checkbox"/> Job Hazard Assessment & Safe Job Procedures
<input type="checkbox"/> Working Alone/Isolation	<input type="checkbox"/> Drug and Alcohol Policy	<input type="checkbox"/> Emergency Procedures	<input type="checkbox"/> Waste Management	<input type="checkbox"/> COR Overview
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Department Orientation Checklist

The hiring department's orientation is to be completed within 72 hours of the new hire starting. It shall include, but not be limited to:

<input type="checkbox"/> On-the-job Training Procedures	<input type="checkbox"/> Location of First Aid Kit & Eyewash	<input type="checkbox"/> Discipline Process	<input type="checkbox"/> Communication - Radios, signals, etc.	<input type="checkbox"/> _____
<input type="checkbox"/> Equipment Operation/ Inspection	<input type="checkbox"/> Location of Health & Safety Manual	<input type="checkbox"/> Attendance	<input type="checkbox"/> Emergency Procedures	<input type="checkbox"/> _____
<input type="checkbox"/> Preventative Maintenance	<input type="checkbox"/> Location of MSDS/SDS	<input type="checkbox"/> Timesheets	<input type="checkbox"/> Fire Extinguishers	<input type="checkbox"/> _____
<input type="checkbox"/> Lock Out/Tag Out	<input type="checkbox"/> Location of Safety Bulletin Board	<input type="checkbox"/> Toolbox Meetings	<input type="checkbox"/> Muster Point	<input type="checkbox"/> _____

Personal Protective Equipment Requirements

The departmental manager/supervisor is to indicate any PPE the new hire may require, and that the proper inspection and care of PPE has been reviewed.

<input type="checkbox"/> Safety Footwear	<input type="checkbox"/> Hi-Vis Apparel	<input type="checkbox"/> Hard Hat	<input type="checkbox"/> Hearing Protection	<input type="checkbox"/> Protective Eyewear
<input type="checkbox"/> Review of Inspection & Care	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	

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Specialized Training Requirements

The departmental manager/supervisor is to indicate any specialized training the new hire may require:

- | | | | | |
|---|--|--|---|--|
| <input type="checkbox"/> Fall Protection | <input type="checkbox"/> Crane Certification | <input type="checkbox"/> Ladder Safety | <input type="checkbox"/> Excavator | <input type="checkbox"/> Dump Truck |
| <input type="checkbox"/> Confined Space Entry and Attendant | <input type="checkbox"/> Light Vehicle | <input type="checkbox"/> Back Hoe | <input type="checkbox"/> Light Vehicle | <input type="checkbox"/> Flag Person Certification |
| <input type="checkbox"/> Hoists/Lifting Devices | <input type="checkbox"/> Fork Lift Certification | <input type="checkbox"/> Transportation of Dangerous Goods | <input type="checkbox"/> Front End Loader | <input type="checkbox"/> _____ |

Human Resources

Human resource items (payroll, parking, workstation, etc.) to be addressed by the confidential secretary and supervisor.

Signatures

I, _____, acknowledge that by signing below I have read the Physical Plant Health and Safety Manual, in addition to receiving workplace training. I agree to follow all prescribed procedures and requirements outlined in both the manual and orientation.

Employee:	<input type="text"/>	Signature:	<input type="text"/>	Date:	<input type="text"/>
Supervisor:	<input type="text"/>	Signature:	<input type="text"/>	Date:	<input type="text"/>
Health & Safety Dept.:	<input type="text"/>	Signature:	<input type="text"/>	Date:	<input type="text"/>

Please return completed form to the Health and Safety Program.