

EMPLOYEE ORIENTATION CHECKLIST
Please complete and return to payroll for personnel file

Employee: _____ Date: _____
(Please print)

Supervisor: _____ Contact Number: _____

First Aid Room / Supplies / Eye Wash Stations	<input type="checkbox"/> Reviewed
First Aid Attendant name and contact information	<input type="checkbox"/> Reviewed
First Aid Reports – Where – When to use	<input type="checkbox"/> Reviewed
Emergency Procedures	<input type="checkbox"/> Reviewed
Emergency telephone numbers	<input type="checkbox"/> Reviewed
Location of fire extinguishers / fire alarms - How to use	<input type="checkbox"/> Reviewed
Safety – WHMIS – SDS sheets (SDS Fetch)	<input type="checkbox"/> Reviewed
Sign In Procedure at various sites	<input type="checkbox"/> Reviewed

SAFETY

Safety Committee – Worker Representative	<input type="checkbox"/> Reviewed
Health and Safety Policy	<input type="checkbox"/> Reviewed
Health and Safety Program (Roles & Responsibilities)	<input type="checkbox"/> Reviewed
Health and Safety Manual (Where to find it)	<input type="checkbox"/> Reviewed
Health and Safety Program (Review Right to Refuse)	<input type="checkbox"/> Reviewed
Health and Safety Program (Review Chain of Command)	<input type="checkbox"/> Reviewed
Contact information for site Health & Safety Committee	<input type="checkbox"/> Reviewed
Location of Asbestos Containing Materials Binder	<input type="checkbox"/> Reviewed

SCHOOL DISTRICT POLICY

Employee Identification	<input type="checkbox"/> Reviewed
Hours of work – Payroll/ Timecards	<input type="checkbox"/> Reviewed
Review SD 85 policy on Violence in the Workplace	<input type="checkbox"/> Reviewed
Working Alone Procedures - Health & Safety Manual	<input type="checkbox"/> Reviewed
Smoke-Free Environment	<input type="checkbox"/> Reviewed

EMPLOYEE RESPONSIBILITY

Work ethics	<input type="checkbox"/> Reviewed
Report accidents/incidents – How – Who	<input type="checkbox"/> Reviewed
Reporting absence from work	<input type="checkbox"/> Reviewed

PERSONAL PROTECTION

Safety – If in doubt ASK questions. DON'T DO!	<input type="checkbox"/> Reviewed
Location of Personal Protective Equipment (PPE). What to use, when to use it.	<input type="checkbox"/> Reviewed

WORKER TRAINING

Safe Work Procedures (List specific ones)	<input type="checkbox"/> Reviewed
Working Alone or in Isolation - Procedures, Forms, Logs	<input type="checkbox"/> Reviewed
Samples of forms (First Aid, Investigations, Violence/Workplace)	<input type="checkbox"/> Reviewed
Line of Authority: Principal, Supervisor, etc.	<input type="checkbox"/> Reviewed

This form has been reviewed by me and I understand its contents.

I will not engage in any work or job task which can put me or another worker at risk of being injured.

(Employee Signature)

(Supervisor signature)

Bullying & Harassment course completed on _____
(Date)

Copy of certificate sent to payroll