

EMPLOYEE ORIENTATION CHECKLIST

Please complete and return to payroll for personnel file

Employee: _____
(Please print)

Date: _____

Supervisor: _____

Contact Number: _____

Worksite: _____

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		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
Review Working Alone Policy	<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! Reviewed
Location of Personal Protective Equipment (PPE). What to use, when to use it Reviewed

WORKER TRAINING

Safe Work Procedures (List specific ones) Reviewed
Working Alone or in Isolation Reviewed
Samples of forms (First Aid, Investigations, Violence/ Workplace)
Line of Authority: Principal, Supervisor, etc. 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 _____ Copy of certificate sent to payroll
(Date)