

# SITE SPECIFIC SAFETY ORIENTATION CHECKLIST

**PART 2. COMPLETE ALL SECTIONS ONCE PART 1: NEW WORKER HEALTH AND SAFETY ONLINE ORIENTATION HAS BEEN COMPLETED.**

Name of Worker:
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Job Title:	Department:
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Start Date at Location:	Date of Safety Orientation:
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Name of Direct Supervisor/Manager:	Name of Orientation Provider:
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Reason for Orientation: <input type="checkbox"/> New Hire <input type="checkbox"/> Restart after Absence <input type="checkbox"/> Change of job within Selkirk College or Relocation to new workplace
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	TOPIC	YES
a	<b>NAME AND CONTACT INFORMATION FOR SUPERVISOR</b> I have been advised of my Supervisor's name and contact information.	
b	<b>JOINT OCCUPATIONAL HEALTH AND SAFETY COMMITTEE (JOHS COMMITTEE)</b> I have been advised on how to contact the committee, and have been made aware of a local worker representative on the committee. <a href="https://my.selkirk.ca/staff/dept/safety/jointoccupationalhealthsafetycommittee/">https://my.selkirk.ca/staff/dept/safety/jointoccupationalhealthsafetycommittee/</a>	
c	<b>WORKPLACE HEALTH AND SAFETY RULES</b> I have been trained on the specific workplace safety rules related to my work/work area.	
d	<b>WORKER'S RIGHTS AND RESPONSIBILITIES</b> I have been advised on my rights and responsibilities as a worker.	
e	<b>POTENTIAL HAZARDS OF A WORKPLACE</b> I have been advised about the hazards that may be encountered while performing my work tasks.	
f	<b>PERSONAL PROTECTIVE EQUIPMENT (PPE) (IF APPLICABLE)</b> I have received the appropriate orientation and training in the use and care of any PPE or clothing that is required to safely perform my work. Required PPE has been provided.	
g	<b>EMERGENCY PROCEDURES</b> I have been advised of the emergencies that could occur and the procedures to follow.	
h	<b>FIRST AID</b> I know the number for first aid at my campus.	
i	<b>ACCIDENT INCIDENT REPORTING AND INVESTIGATION</b> I am aware of the incident reporting procedures.	
j	<b>VIOLENCE IN THE WORKPLACE</b> I have been advised of any potential risk for violence in the workplace.	
k	<b>WORKING ALONE OR IN ISOLATION (IF APPLICABLE)</b> I have been trained on the policies and procedures to be followed for working alone or in isolation.	

Notes:
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Health and Safety offers a number of safety related courses to supplement the New Worker Safety Orientation. Courses can be created for departments at request.

TRAINING COURSES	YES	No	DATE COMPLETED
<b>MANDATORY</b>			
<a href="#">New Worker Safety Orientation</a> Part 1			
<a href="#">Safety Supervision at Selkirk</a> (only for supervisors)			
<b>RECOMMENDED</b>			
<a href="#">Fire Warden Training Course</a>			
<b>PROGRAM SPECIFIC</b>			
Occupational First Aid Level 1			
Occupational First Aid Level 3			
<b>OTHER COURSES</b>			

The information detailed in section 2-3 and corresponding education and training was provided to the worker.

New worker Name	Date	Signature
Orientation Provider Name	Date	Signature

**Documented training records should be retained for all Selkirk workers to show due diligence.**  
 These documents are generally retained in the employee file in HR or by the supervisor