

SITE SPECIFIC SAFETY ORIENTATION CHECKLIST

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

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| 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 |
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| a | NAME AND CONTACT INFORMATION FOR SUPERVISOR I have been advised of my Supervisor's name and contact information. | |
| b | JOINT OCCUPATIONAL HEALTH AND SAFETY COMMITTEE (JOHS COMMITTEE) I have been advised on how to contact the committee, and have been made aware of a local worker representative on the committee. https://my.selkirk.ca/staff/dept/safety/jointoccupationalhealthsafetycommittee/ | |
| c | WORKPLACE HEALTH AND SAFETY RULES I have been trained on the specific workplace safety rules related to my work/work area. | |
| d | WORKER'S RIGHTS AND RESPONSIBILITIES I have been advised on my rights and responsibilities as a worker. | |
| e | POTENTIAL HAZARDS OF A WORKPLACE I have been advised about the hazards that may be encountered while performing my work tasks. | |
| f | PERSONAL PROTECTIVE EQUIPMENT (PPE) (IF APPLICABLE) 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 | EMERGENCY PROCEDURES I have been advised of the emergencies that could occur and the procedures to follow. | |
| h | FIRST AID I know the number for first aid at my campus. | |
| i | ACCIDENT INCIDENT REPORTING AND INVESTIGATION I am aware of the incident reporting procedures. | |
| j | VIOLENCE IN THE WORKPLACE I have been advised of any potential risk for violence in the workplace. | |
| k | WORKING ALONE OR IN ISOLATION (IF APPLICABLE) I have been trained on the policies and procedures to be followed for working alone or in isolation. | |

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| 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 |
|--|-----|----|----------------|
| MANDATORY | | | |
| New Worker Safety Orientation Part 1 | | | |
| Safety Supervision at Selkirk (only for supervisors) | | | |
| RECOMMENDED | | | |
| Fire Warden Training Course | | | |
| PROGRAM SPECIFIC | | | |
| Occupational First Aid Level 1 | | | |
| Occupational First Aid Level 3 | | | |
| OTHER COURSES | | | |
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The information detailed in section 2-3 and corresponding education and training was provided to the worker.

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|---------------------------|------|-----------|
| 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