(*Name of Municipality*)

**EMPLOYEE ORIENTATION FORM**

**Safety and Health Orientations are required under the Workplace, Safety & Health Act and Regulations. This form is to be completed before any employee commences work for the *(Name of Municipality)*. The form must be signed and dated by the employee, the Supervisor, Safety Coordinator and Management. Once signed, the Safety Coordinator will maintain the original copy and a photo copy will be given to the employee for their records if they so request.**

|  |
| --- |
|  🞎New Employee 🞎Returning Employee 🞎Student/Other  |
| NAME:  | EMERGENCY CONTACT (NAME AND NUMBER)  |
| ADDRESS:  | MEDICAL CONDITIONS:  |
| POSTAL CODE:  | MB HEALTH # |
| BIRTH DATE:  | DRIVER’S LICENSE # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| DEPARTMENT:  | POSITION: |
|  |

**COMPANY ORIENTATION**

🞎 Legislation 🞎 Incident Reporting Procedures 🞎 Disciplinary Act Process 🞎 Ergonomics

🞎 Health and Safety Statement 🞎 Accident/Injury Investigations 🞎 Drug and Alcohol Use 🞎 Environmental Issues

🞎 Responsibilities/Accountability 🞎 WCB Claims Process 🞎 Hazard Assessments 🞎 Jobsite Authority

🞎 Worker’s Rights/Refusal 🞎 Job Specific Training 🞎 Worksite Inspections 🞎 First Aid

🞎 General Safety Rules 🞎 Ask for Instruction 🞎 Emergency Procedures 🞎 Working Alone Procedure

🞎 WHMIS/SDS 🞎 Personal Protective Equipment 🞎 Equipment Operation 🞎 Orientation

🞎 Safe Work Practices/Procedures 🞎 Hearing Conservation 🞎 Vehicle/Equipment Pre-trip Inspections

🞎 Tailgate Meetings 🞎 Violence in the Workplace 🞎 Preventative Maintenance 🞎 Bulletin Board

🞎 WS&H Committee/Minutes 🞎 Harassment Policy 🞎 Lockout/Tagout Procedures

*Every worker while at work shall take reasonable care to protect his/her safety and health and the safety and health of other persons who may be affected by his/her acts or omissions at work, use all devices and wear all articles of clothing and personal protective equipment designated and provided for his/her protection by his employer*.

**Personal Protective Equipment**:

The intent of wearing Personal Protective Equipment is for the prevention of injury.

PPE falls into two categories:

1. Safety Equipment worn at all times by all employees as per their job tasks such as composite/steel toed CSA approved safety boots, reflective clothing meeting Class 2 Level 2 Standard for work near roadways.
2. Hard hats, safety glasses, hearing protection, gloves, respirators, Fire Resistant clothing, and fall arrest equipment for the prevention of injury for specific tasks or required areas or dictated by a Safety Data sheet. Any special protective equipment required while performing specific job tasks must be worn as well. All PPE, except for safety boots will be supplied by the (*Name of Municipality*) and will meet the standards as set out by the WS&H Act and Regulations. The Supervisor and Safety Coordinator will ensure that the proper PPE is available and in use by workers as required. Any protective equipment damaged or of questionable reliability must be returned to the Supervisor/Safety Coordinator for repair or replacement.

**SUPERVISOR SECTION**

*This Section to Be Completed by the Employee’s Supervisor:*

🞎 Facility Walkthrough 🞎 Personal Protective Equipment 🞎 Working Alone Procedures

🞎 Supervisor Contact Information 🞎 Attendance/Days off 🞎 Pre-trip Inspections/Equipment/Vehicles

🞎 Bulletin Board 🞎 Work Site Requirements 🞎 Hoisting and Lifting

🞎 Job Specific Tasks 🞎 First Aid Kit locations 🞎 Manual Lifting

🞎 Smoking Policy 🞎 Fire Extinguisher locations 🞎 Fall Protection

🞎 SDS location 🞎 Spill Kit Use 🞎 Three Point Mount/Dismount

🞎 Muster Points 🞎 Hazard Assessments 🞎 Traffic Control/Road Work

🞎 Cell Phone Use 🞎 Housekeeping your work areas 🞎 Lockout/Tagout Procedures

To Supervisors: Please ensure that your new employee has been orientated and instructed (with demonstration when necessary) on all topics that are applicable for your site. Site Orientation items can be found below in checklist form. Blank spaces have been provided so that you may include additional items that are appropriate to your site and your employee’s responsibilities

Supervisor’s comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above mentioned employee has been instructed in the foregoing information.

SAFETY COORDINATOR SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUPERVISOR SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MANAGEMENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by:

Effective Date: January 1, 2018