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| --- |
| **HEALTH and SAFETY ORIENTATION QUESTIONNAIRE**  **Name of worker (print) Date/Time** |
| Place ✓ by correct response: |
| 1. Hazard identification and control is important to maintain a safe working environment.  True: 🞎 False: 🞎 |
| 2. Working safely is a condition of employment.  True: 🞎 False: 🞎 |
| 3. All injuries, regardless how minor, must be reported immediately to your supervisor.  True: 🞎 False: 🞎 |
| 4. It is important to maintain good housekeeping in your work area.  True: 🞎 False: 🞎 |
| 5. You observe an unsafe condition onsite, should you:  🞎 Wait for the weekly tailgate safety meeting and report it.  🞎 Report it immediately to your supervisor.  🞎 Let someone else worry about it. |
| 6. Personal protective equipment (hearing protection, fall protection, eye protection) should be worn whenever:  🞎 Someone else is wearing it.  🞎 Your supervisor advises you to wear it.  🞎 The potential for personal injury exists. |
| 7. Tools and equipment whose guards are inoperative or missing are okay to use just this once.  True: 🞎 False: 🞎 |
| 8. The Workplace Hazardous Material Information System (WHMIS) designates certain products as controlled products and requires them to be labeled. This label is a warning for you the worker. The label tells you the:  🞎 Name of the product  🞎 Hazard symbol  🞎 Risks when you use it  🞎 Personal protective equipment to wear  🞎 First aid treatment, if necessary  🞎 All of the above |
| 9. Safety Data Sheets (SDSs) are also required for WHMIS controlled products. These sheets are readily available for your additional information by asking your supervisor to see them.  True: 🞎 False: 🞎 |
| Signature of Worker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PASS: 🞎 FAIL: 🞎 |

COMMUNITY COUNCIL  
Worker Safety and Health Orientation Checklist

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| --- | --- | --- | --- |
| Employee Name | | | |
| Position (task) | | | |
| Date Hired Date of Orientation | | | |
| Reason for orientation:  □ Worker New to Workplace  □ Worker has moved to another area of the workplace with different hazards  □ Worker is returning to the workplace after time away and processes and hazards have changed | | | |
| Person providing orientation (name and position) | | | |
| Community Council | | | |
| **Topic** | **Initials (trainer)** | **Initials (worker)** | **Comments** |
| **Rights and responsibilities** |  |  |  |
| General safety and health duties and responsibilities of employers, workers and supervisors |  |  |  |
| Worker right to know, participate and refuse unsafe work and right to protection from discrimination |  |  |  |
| Supervisor name/contact number provided |  |  |  |
| Procedure for reporting unsafe conditions/hazards |  |  |  |
| Worker safety rep name/contact number provided |  |  |  |
| Community council polices |  |  |  |
| Safe work procedures |  |  |  |
| Hazard assessment process |  |  |  |
| Inspection process |  |  |  |
| First aid attendants |  |  |  |
| Location of first aid kit |  |  |  |
| Muster point |  |  |  |
| Location of emergency exits |  |  |  |
| Location of fire extinguishers |  |  |  |
| Injury reporting |  |  |  |
| WHMIS |  |  |  |
| **Trainer Signature: Trainer Name:**  **Worker Signature: Worker Name:** | | | |

COMMUNITY COUNCIL  
General Safety Orientation

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| --- |
| Worker’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Orientation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

YES NO   
1. Has the worker been advised that working safely is a condition of employment? \_\_\_\_ \_\_\_\_

2. Has an overview of legislation (act, regulations) been completed? \_\_\_\_ \_\_\_\_

3. Has an overview of practices and procedures been completed? \_\_\_\_ \_\_\_\_

4. Has the incident reporting procedures been reviewed? \_\_\_\_ \_\_\_\_

5. Has the worker been advised about tool box talk meetings? \_\_\_\_ \_\_\_\_

6. Have the proper selection, care and use of personal protective equipment been reviewed? \_\_\_\_ \_\_\_\_

7. Has the maintenance of tool and equipment been reviewed? \_\_\_\_ \_\_\_\_

8. Have housekeeping requirements been reviewed? \_\_\_\_ \_\_\_\_

9. Has the worker been advised that all hazards must be reported? \_\_\_\_ \_\_\_\_

10. Has the worker been advised that all injuries must be reported? \_\_\_\_ \_\_\_\_

11. Have the medical facilities and services on and off the job been reviewed? \_\_\_\_ \_\_\_\_

12. Has the worker been advised that hearing protection is to be worn over 85 dBa? \_\_\_\_ \_\_\_\_

13. Has the community council rules been communicated? \_\_\_\_ \_\_\_\_

14. Has the emergency response plan been reviewed? \_\_\_\_ \_\_\_\_

Worker’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
  
Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Community Council**

**Worker Orientation**

Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Orientation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Topics Covered

Company Safety Policy \_\_\_\_\_\_\_\_\_\_

Employee Responsibility \_\_\_\_\_\_\_\_\_\_

Worker Safety Representative \_\_\_\_\_\_\_\_\_\_

Safety Rules \_\_\_\_\_\_\_\_\_\_

Personal Protective Equipment Policy

Hard Hats \_\_\_\_\_\_\_\_\_\_

Safety Boots \_\_\_\_\_\_\_\_\_\_

Fall Protection \_\_\_\_\_\_\_\_\_\_

Inspection Policy \_\_\_\_\_\_\_\_\_\_

Investigation Policy \_\_\_\_\_\_\_\_\_\_

Tool Box Meetings \_\_\_\_\_\_\_\_\_\_

Lock out system \_\_\_\_\_\_\_\_\_\_

Reporting Unsafe Acts/Conditions \_\_\_\_\_\_\_\_\_\_

First Aid \_\_\_\_\_\_\_\_\_\_

WHMIS Review \_\_\_\_\_\_\_\_\_\_

Emergency Numbers \_\_\_\_\_\_\_\_\_\_

This will certify that I have been given the company orientation briefing on the above noted subjects and that I fully understand the contents.

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_