### SUB-CONTRACTOR ORIENTATION

The site supervisor for EVERY Sub-Contractor must receive this orientation and ensure he/she conducts an orientation with all his/her workers coming on site

Company: Name: Date:

**Introduction** **ON SITE SAFETY FORMS REQUIRED**

□ Company Commitment to Safety

□ Small Employer COR Certification

**Responsibility on Site** **Safety Forms Submitted PRIOR to Start-up**

□ Prime Contractor □ Compliance Declaration

□ Employer □ Hazard Assessment

□ Supervisor □ Contractor Orientation Form

□ Worker □ MSDS Sheets □ Supplier

□ Worker Safety Representative

**Emergency Planning** **Safety Forms Submitted WEEKLY**

□ First Aid □ Inspection

# Contacting Outside Agencies □ Toolbox Talk

□ Transport to Medical Facility

* Fire

**Personal Protective Equipment Forms Submitted IMMEDIATELY**

**REQUIRED AT ALL TIMES**

#  □ Incident or Accident

# Hard Hats □ STOP Work Order (WSH Division)

□ Safety Boots/Shoes □ IMPROVEMENT Order (WSH Division)

**Personal Protective Equipment Confirmation of your Worker Training**

**REQUIRED as needed SAFETY PASSPORT or other certificates**

□ Fall Protection □ Fall Protection

□ Hearing Protection □ WHMIS

# □ Safety Glasses □ Safe Job Procedures

# Respirators □ Other

 Contractor Supervisor Signature Orientation Conducted By: