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| **Section 5.5: Department/Site Orientation Checklist**

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| --- | --- |
| **Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **New** \_\_\_\_\_\_ **Transferred** \_\_\_\_\_\_ **Annual** \_\_\_\_\_\_\_ |
| **Dept./Facility/Area:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date of Hire:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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|  |  |  |  |  |
| **Topic** | **Initials** | **Comments** |  |
|   | Supervisor or designate | Employee |   |  |
| Review of Health & Safety Policy |   |   |   |  |
| Privacy and confidentiality expectations for the Department/Area. (Reference applicable policy) |   |   |   |  |
| How to do service requests as applicable (i.e., Maintenance, IT) and find relevant forms |   |   |   |  |
| Dress Code – Closed toe shoe or boot, generally neat in appearance |   |   |   |  |
| Security - Responsibility of keys, securing of building |   |   |   |  |
| Parking –designated  |   |   |   |  |
| Other forms – Request for leaves, etc. |   |   |   |  |
| Use of work phones, computers and printers |   |   |   |  |
| Personal cell phone Use |   |   |   |  |
| Smoking – contractors, visitors, staff |   |   |   |  |
|   |   |   |   |  |
| **Safety Orientation Checklist:** |   |   |   |  |
| Workers’ Rights: |   |   |   |  |
| -Right to Know |   |   |   |  |
| -Right to Participate |   |   |   |  |
| -Right to Refuse |   |   |   |  |
| Scent awareness, if applicable site specific |   |   |   |  |
| Review of employee roles and responsibilities |   |   |   |  |
| What areas are restricted/prohibited |   |   |   |  |
| Asbestos locations and training/PPE if applicable |   |   |   |  |
| Supervisor – Name and process to communicate to their supervisor at all times  |   |   |   |  |
| Location of the OH&S Bulletin Board – minutes, membership, names/introduction of OHC Co-Chairs |   |   |   |  |
| Location of the OH&S Policy & Procedure Manual |   |   |   |  |
| Location of *The Saskatchewan Employment Act* and *The Occupational Health and Safety Regulations, 2020* |   |   |   |  |
| Safe and Respectful Workplace |   |   |   |  |
|          Harassment Policy (Reference applicable policy) |   |   |   |  |
|          Violence Policy (Reference applicable policy) |   |   |   |  |
| **Topic** | **Initials** | **Comments** |  |
| Supervisor or designate | Employee |   |  |
| WHMIS 2015 education and site specific training,  |   |   |   |  |
| * Location of the SDS binder
 |   |   |   |  |
| Review of Job Specific Hazards and JSA for Job Position  |   |   |   |  |
|          Dangerous tools, equipment  |   |   |   |  |
|          Working Alone Policy, Process |   |   |   |  |
|          Confined Space |   |   |   |  |
|          Personal Protective Equipment (PPE) |  |  |  |  |
| * Location, selection, storage, disposal
 |   |   |   |  |
| Location of emergency exits and equipment |   |   |   |  |
| Location of first aid station |   |   |   |  |
| Location of eye flushing equipment, if applicable |   |   |   |  |
| Relevant safe work practices and procedures |   |   |   |  |
| General safety rules  |   |   |   |  |
| Sharps Disposal |   |   |   |  |
| Review Management of Exposure to Blood & Body Fluids (Reference applicable policy) |   |   |   |  |
| Incident Reporting: Review **Workplace Incident Report** Policy, Process and form (Reference applicable policy |   |   |   |  |
|   |   |   |   |  |
| Emergency Preparedness Plan  |   |   |   |  |
| Fire Plan, Fire Drill, Fire Extinguisher/Alarm |   |   |   |  |
| * Evacuation
 |   |   |   |  |
| * Bomb Threat
 |   |   |   |  |
| * Hostage Taking
 |   |   |   |  |
| * Lock Down
 |   |   |   |  |
| * Hold & Secure
 |   |   |   |  |
| * Hazardous Material Spill
 |   |   |   |  |
| * Severe Weather
 |   |   |   |  |

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| --- | --- | --- | --- | --- |
|   |   |   |   |  |
| Required mandatory job specific training  |   |   |   |  |
| (check applicable and add additional) |   |   |   |  |
| Confined Space, if applicable |   |   |   |  |
| WHMIS 2015 Education/Training |   |   |   |  |
| Fit Testing (N95, respirators, storage, use)  |   |   |   |  |
|   TLR Training –object moving |   |   |   |  |
| Communication- email must check 3x a week  |   |   |   |  |
|  |  |  |  |  |
| **Signature of completion:** |  |  |  |  |
|  |  |  |  |  |
| Employee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Manager/Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |
| Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Distribution:**Original copy – HR Department – Personnel File Copy – Manager/supervisor Copy – Employee  |  |
| **Note:** |  |
| Manager/supervisors are to verify that the new/transferred employee |  |
| is competent in department policies, procedures, practices and rules |  |