|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 5.5: Department/Site Orientation Checklist**   |  |  | | --- | --- | | **Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **New** \_\_\_\_\_\_ **Transferred** \_\_\_\_\_\_ **Annual** \_\_\_\_\_\_\_ | | **Dept./Facility/Area:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date of Hire:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
|  |  |  |  |  |
| **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 |  |  |  |  |

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