

RURAL MUNICIPALITY OF BIFROST

POLICY & PROCEDURES MANUAL

ORIENTATION CHECKLIST

Reference/Title:	EMPLOYEE SAFETY ORIENTATION CHECKLIST
POLICY NUMBER:	2014-8
DATE ADOPTED:	June 11, 2014
ADOPTED BY:	Council Resolution # 11
PAGES:	2
Manual Index:	2014-8

EMPLOYEE SAFETY ORIENTATION FORM

Instructions: Each employee must be given a safety orientation before beginning work. This checklist documents that each required item was explained to the employee. The supervisor is to place a check in each box after the item has been explained.

Employees are not to sign this form unless all items have been explained and all questions have been answered satisfactorily.

Employee Name _____ **Date** _____

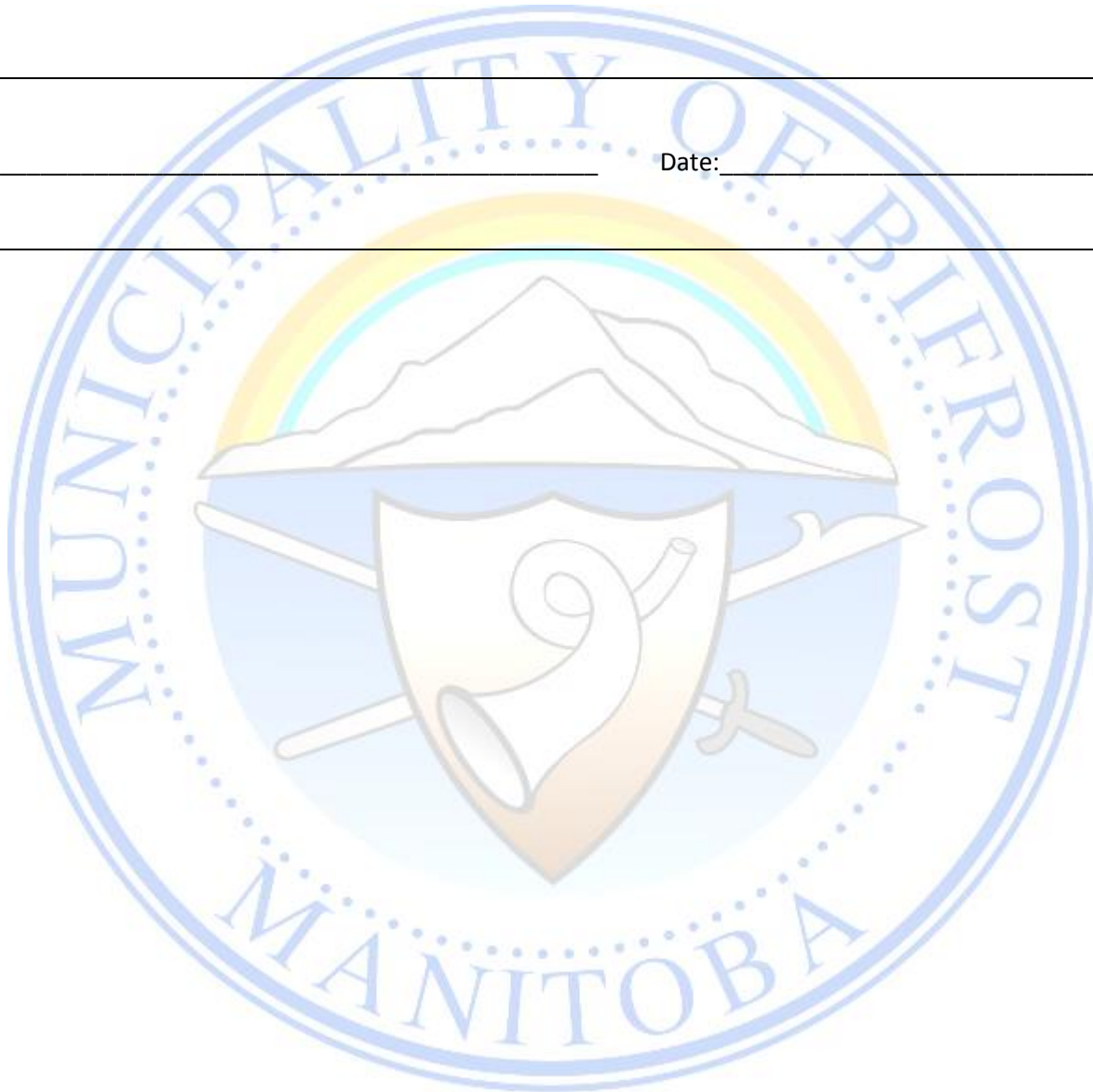
- has had the written safety program that describes the employer's safety efforts explained to him and has been shown the policy and procedure binder and safety manuals.
- has been told that employees have the right to refuse dangerous work, and to review safety policies, procedures and manuals, as required.
- has been directed to report all injuries and incidents in writing and has been shown how to do this.
- has been directed to report all hazards to his/her supervisor in writing and has been shown how to do this.
- has been shown where first aid supplies are located and who to call for first aid.
- has been shown where the exits are located.
- has been told who to contact in the event of an emergency.
- has been shown where to find the Material Safety Data Sheet (MSDS) file and program documents.
- has been informed about the hazards and precautions related to chemicals he/she will be using.
- has been trained on safe methods to perform the job/task the employee was assigned including any hazards associated with that job/task.
- has been given any personal protective equipment (PPE) required and trained on how to use and care for it.

The signatures below document that the above orientation was completed on the date below.

Both parties accept responsibility for keeping our workplace safe and healthful.

Employee: _____ Date: _____

Supervisor: _____ Date: _____



Date of Review/Revision: _____