

H&S SAFETY ORIENTATION FORM

NAME OF EMPLOYEE: _____ EMP.NO. _____

By the end of a new employee's first day of work, he/she is to be familiarized with the following health and safety procedures and issues. (Items marked * are N/A to Administrative employees).

Introduction

- Company History
- Company Safety Policy

Responsibility for Safety

- Management
- Supervisor
- Worker
- Rights
- Employee Participation
- Safety Representatives

Emergency Procedures

- Fire
- Ambulance
- First Aid
- Accident/Incident Reporting

General Rules

- Alcohol, Drugs
- Horseplay, Fighting
- Vehicle operation
- Absence
- Harassment
- Return to Work

Personal Protective Equipment

- Hard Hat/Safety Glasses
- PPE Maintenance
- CSA Approved footwear
- Hearing protection
- Additional PPE

Meetings

- Safety Committee
- Tool box

Safe Work Procedures

- General House keeping
- Security
- Hazard Assessments
- Cutting and Welding *
- Manual lifting (correct way to lift)
- Hoisting *
- Power actuated tools *
- Air operated tools *
- Electrical equipment *
- Paint Line/ Wash booth *
- Wheelabrator *

Equipment

- Laser *
- Shear/Press *
- Robotic Welder *
- Lathes *
- Milling machines/ drill press/saws *
- Vehicles
- Propane filling *
- Overhead cranes/gantry *
- ABC Fire extinguishers
- Paint line *
- Forge *
- Iron Work *
- Wheelabrator *

Training

- Job specific
- Safety
- MSDS/WHMIS
- Plant Tour

EMPLOYEE'S SIGNATURE _____ DATE _____

SUPERVISOR'S SIGNATURE _____ DATE _____