# Occupational Health and Safety Orientation Checklist

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| DEPARTMENT:  |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hire Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Orientation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trainer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
|  | InitialsTrainer | InitialsWorker | Comments |
| **Supervisor Name**:  |  |  |  |
| Contact number: |  |  |  |
| **Rights and Responsibilities**  |  |  |  |
| * General duties of employers, workers and supervisors
 |  |  |  |
| * Workers’ right to refuse unsafe work and procedure for doing so
 |  |  |  |
| * Workers’ responsibility to report hazards and procedures for doing so
 |  |  |  |
| **Hazardous Materials and WHMIS** |  |  |  |
| * Hazardous materials in your work area
 |  |  |  |
| * Location, purpose and significance of safety data sheets (SDSs)
 |  |  |  |
| * Purpose and significance of hazard information on product labels.
 |  |  |  |
| * How to handle, use, store and dispose of hazardous materials safely.
 |  |  |  |
| * Procedures for an emergency involving hazardous materials, including clean-up of spills.
 |  |  |  |
| **Fire** |  |  |  |
| * Emergency Response Team
 |  |  |  |
| * Fire Extinguishers
 |  |  |  |
| * Use and locations
 |  |  |  |
| * Fire exits
 |  |  |  |
| * Locations and evacuation meeting point
 |  |  |  |
| * Alternate routes
 |  |  |  |
| * Free and clear of obstructions
 |  |  |  |
| * Location of sprinklers, smoke detectors and fire alarms
 |  |  |  |
| * Fire Procedures
 |  |  |  |
| * Departmental
 |  |  |  |
| **First Aid** |  |  |  |
| * Location of nearest first aid kit and main first aid room
 |  |  |  |
| * How to report an illness, injury or other accident (including near misses)
 |  |  |  |
| * Certified individuals, listing locations and contact information
 |  |  |  |
| **Personal Protective Equipment (PPE) – what to use, when to use it and where to find it.** |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Known Hazards and how to deal with them** |  |  |  |
| 1. Equipment
 |  |  |  |
| * + Proper storage
 |  |  |  |
| * + Safety precautions
 |  |  |  |
| * + Common malfunctions
 |  |  |  |
| * + Proper use and cleaning
 |  |  |  |
| 1. Guestroom Floors
 |  |  |  |
| * + Cots
 |  |  |  |
| * + Pictures secured
 |  |  |  |
| * + Fire exits clear and well lit
 |  |  |  |
| 1. Electrical
 |  |  |  |
| * Overloading of circuits
 |  |  |  |
| * Main shut-off switches
 |  |  |  |
| * Frayed cords
 |  |  |  |
| 1. Floors
 |  |  |  |
| * Common water accumulation areas
 |  |  |  |
| * Signage
 |  |  |  |
| * Unobstructed walkways
 |  |  |  |
| * Non-slip surface
 |  |  |  |
| * Lifted carpets and carpet air pockets
 |  |  |  |
| 1. Storage Areas
 |  |  |  |
| * Cleanliness
 |  |  |  |
| * Heavy items on the bottom
 |  |  |  |
| **Safe Work Procedures - Physical** |  |  |  |
| * Lifting techniques
 |  |  |  |
| * Bending techniques
 |  |  |  |
| * Proper carrying techniques
 |  |  |  |
| * Safety wear/proper footwear
 |  |  |  |
| * Reaching
 |  |  |  |
| * Stocking of cart
 |  |  |  |
| * Mattress rotation
 |  |  |  |
| * Pushing vs. pulling
 |  |  |  |
| **General** |  |  |  |
| * Basic content of the occupational health & safety program
 |  |  |  |
| * Using hand rails
 |  |  |  |
| * Blood-borne pathogens/waste disposal of sharp objects
 |  |  |  |
| * Measures to reduce the risk of violence in the workplace and procedures for dealing with violent situations
 |  |  |  |
| * Preventative maintenance
 |  |  |  |
| * Procedure for working alone or in isolation
 |  |  |  |
| * Emergency telephone numbers
 |  |  |  |
| * Injury Management, Return to Work Program
 |  |  |  |
| * Health & Safety Committee and representative
 |  |  |  |
| * Health & Safety Manual location
 |  |  |  |
| * Location of departmental H&S communication board
 |  |  |  |
| * Following work procedures
 |  |  |  |
| * Using PPE
 |  |  |  |
| * Operating equipment safely
 |  |  |  |

Colleague signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trainer signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Head signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_