

## AGENCY SAFETY ORIENTATION REVIEW

Student Name: _____	Unit: _____
Academic Institution : _____	Department: _____
Start Date: _____	Mgr/Super: _____

**THE FOLLOWING CHECKLIST IS TO BE COMPLETED FOR EACH NEW WORKER ON THEIR FIRST DAY, BUT IN NO CASE LATER THAN THEIR FIRST WEEK, BY THE SUPERVISOR/MANAGER AND WORKER.**  
**PLEASE RETURN CHECKLIST & SUPPORTING DOCUMENTS TO ACADEMIC EDUCATION**

Mgr/Super. Initials	Student Initials	<b>Safety Review Topics</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<b>1</b>	Has been shown, read and understand the following policies: Health and Safety, Violence Prevention, Harassment and Other Forms of Discrimination in the Workplace (see intranet).
<input type="checkbox"/>	<input type="checkbox"/>	<b>2</b>	Has been shown where the Safety Communication Board is located and has been shown: a copy of the Occupational Health & Safety Act, Joint Health & Safety Committee meeting minutes, emergency numbers and other safety awareness material.
<input type="checkbox"/>	<input type="checkbox"/>	<b>3</b>	They know who, when, and how to report all accidents/incidents, potential hazards. They also realize the importance of reporting immediately, and to <i>Never disturb the scene of an accident.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<b>4</b>	They understand the importance of health & safety in the workplace and the requirement to contact the supervisor or manager at any time for assistance or direction.
<input type="checkbox"/>	<input type="checkbox"/>	<b>5</b>	They know where or who to ask the access MSDS information.
<input type="checkbox"/>	<input type="checkbox"/>	<b>6</b>	They know how to get first aid or medical treatment and how to report them
<input type="checkbox"/>	<input type="checkbox"/>	<b>7</b>	They have been informed of the importance of reporting an occupational injury the day of the incident, and the importance of communication and co-operation in the Early and Safe Return to Work Program.
<input type="checkbox"/>	<input type="checkbox"/>	<b>8</b>	They understand that they are expected to keep the work zone clean and neat.
<input type="checkbox"/>	<input type="checkbox"/>	<b>9</b>	They understand what to do in an emergency. They know to call extension 5555 in the event of an emergency.
<input type="checkbox"/>	<input type="checkbox"/>	<b>10</b>	They know where the fire routes, exits, alarms, and emergency equipment are located.
<input type="checkbox"/>	<input type="checkbox"/>	<b>11</b>	They have received instructions on the equipment they will be using and understand not operate any equipment/machinery that they have not been trained or authorized to use.
<input type="checkbox"/>	<input type="checkbox"/>	<b>12</b>	They are familiar with the personal protective equipment (PPE) they are required to wear. They have received instruction in the use and care of this equipment and how to obtain or replace the PPE needed to work safe.
<input type="checkbox"/>	<input type="checkbox"/>	<b>13</b>	The specific hazards of the work they are to perform have been reviewed with them, as well as the control in place to protect their health and safety.

Student Name \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_