

4-1-1 Form - Worker Orientation Checklist

PART A- EMPLOYEE INFORMATION

| | | | |
|--|---|--|----------------------------------|
| <input type="checkbox"/> New Employee | <input type="checkbox"/> Return Leave and/or Transfer | <input type="checkbox"/> Subcontractor | <input type="checkbox"/> Visitor |
| Name: | | Contact Number: | |
| Job Classification of Employee: (ex. Installer, Labourer, Supervisor) | | Company / Employer: | |
| Date of Hire: | | Union: | |
| Emergency Contact Name & #: | | | |
| Emergency Contact Name & #: | | | |
| Driver's License Required <input type="checkbox"/> Yes <input type="checkbox"/> No | | Driver's License #: | |

PART B- COMPANY SAFETY ORIENTATION

Provide all employees with an *Employee Orientation package* and basic PPE (Hard Hat, Safety Glasses, Safety Boots).
Please check the following boxes verifying the review.

| | | |
|---|--|--|
| <input type="checkbox"/> Health & Safety Policy | <input type="checkbox"/> Fit for Duty (No Illicit Drugs and Alcohol) | <input type="checkbox"/> Scaffolding & Work Platforms |
| <input type="checkbox"/> Workplace Violence Prevention Policy | <input type="checkbox"/> Workplace Rules | <input type="checkbox"/> Extreme Weather |
| <input type="checkbox"/> Workplace Harassment Prevention Policy | <input type="checkbox"/> Personal Protective Equipment | <input type="checkbox"/> Hazardous Spill/Release |
| <input type="checkbox"/> Environmental Policy | <input type="checkbox"/> Cell Phones & Personal Electronic Devices | <input type="checkbox"/> Working at Heights |
| <input type="checkbox"/> Visitors Policy Statement | <input type="checkbox"/> Operator Competency Requirements | <input type="checkbox"/> Housekeeping |
| <input type="checkbox"/> Worker's Rights (Refuse, Know and Participate) | <input type="checkbox"/> Mobile Powered Equipment | <input type="checkbox"/> Cranes & Hoisting & Rigging |
| <input type="checkbox"/> Worker's Responsibilities | <input type="checkbox"/> Path of Travel & Safe Limits of Approach | <input type="checkbox"/> Material Storage, Transfer & Disposal |
| <input type="checkbox"/> Disciplinary Policy | <input type="checkbox"/> Fire Prevention, Fire Extinguishers | <input type="checkbox"/> Trenching & Excavation |
| <input type="checkbox"/> Employer Responsibilities | <input type="checkbox"/> Vehicle Traffic | <input type="checkbox"/> Confined Space |
| <input type="checkbox"/> Supervisor Responsibilities | <input type="checkbox"/> Traffic Control | <input type="checkbox"/> Lock-out Tag-out |
| <input type="checkbox"/> Responsibilities of JHSC & Health and Safety Rep. | <input type="checkbox"/> Manual Material Handling SJP (Lifting) | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Reporting Requirements (Incidents, Traffic Accidents, Injuries, Near Misses & Hazards) | <input type="checkbox"/> 3 Point Contact (Ladders) | <input type="checkbox"/> Powered Elevated Work Platforms |
| <input type="checkbox"/> First Aid / Medical Treatment | <input type="checkbox"/> Electrical Safety (Overhead Powerlines) | <input type="checkbox"/> Power & Hand Tools |
| <input type="checkbox"/> Early & Safe Return to work | <input type="checkbox"/> Weather / Temperature (Heat Stress) | <input type="checkbox"/> Safe Lifting Procedures |
| <input type="checkbox"/> Emergency Procedures | <input type="checkbox"/> Safety Guidelines on Compressed Air | <input type="checkbox"/> Evacuation Plan |
| <input type="checkbox"/> Hazardous Agents | <input type="checkbox"/> Compressed Gas Cylinders | <input type="checkbox"/> Office Safety |
| <input type="checkbox"/> WHMIS / WHMIS 2015 | <input type="checkbox"/> Designated Substances | <input type="checkbox"/> Other |

PART C- SAFETY TRAINING

| | | | |
|---|--|---|---|
| Certification - reviewer to take copies for employee files. | | | <input type="checkbox"/> MOL Awareness Training |
| <input type="checkbox"/> WHMIS (Federal) | <input type="checkbox"/> Fall Protection | <input type="checkbox"/> First Aid (Standard/Emergency) | <input type="checkbox"/> GTAA Orientation |
| <input type="checkbox"/> Forklift | <input type="checkbox"/> Confined Space | <input type="checkbox"/> Other | <input type="checkbox"/> Other |

I have received orientation and understand the foregoing information and following these safety rules and regulations is a condition of employment.

Employee Signature: _____

Date: _____

Reviewer's Signature: _____

Date: _____