# Occupational Health and Safety Orientation Checklist

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| DEPARTMENT: |

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

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

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

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| --- | --- | --- | --- |
|  | Initials  Trainer | Initials  Worker | 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.** |  |  |  |
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| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_