



Contractor Orientation

Site:

Supervisor:

Date:

Orientation conducted by:

Name of Worker:

Items Covered	Yes	No	N/A
1. Safety statement			
2. Contractor responsibilities <ul style="list-style-type: none"> • Worker responsible to take care to protect own safety and health as well as that of others; wear required PPE 			
3. Safety rules			
4. Disciplinary action			
5. PPE guideline <ul style="list-style-type: none"> • CSA approved Hard Hats/Safety Boots • Fall Protection/Hearing Protection/Eye Protection/Respirator 			
6. Emergency preparedness: <ul style="list-style-type: none"> • Muster Point/First Aiders/ Communication Device/Emergency phone numbers/Location of nearest hospital/Transportation to medical facility 			
7. Emergency contact numbers			
8. Investigation guideline - report all incidents and near misses as soon as possible			
9. Defective equipment – tag out			
10. Restricted areas or activities on site:			
11. Worker rights <ul style="list-style-type: none"> • Worker right to know, participate, refuse unsafe work, to work without being subject to a reprisal 			
12. Copy of WSH Act and Regulations on site			
13. WHMIS 2015 - SDS on site- workers trained			
14. Confirmation of worker training – no work to be done without proper training <ul style="list-style-type: none"> • Fall Protection/Aerial lift/Crane certification/Safe Job Procedures/Other 			
15. Harassment and violence – zero tolerance			
16. Immediately report any stop work or improvement orders			
17. Other:			
18. Other:			

This will certify that I have been given the orientation briefing on the above noted subjects and that I fully understand the contents.

Worker Signature

Trainer Signature