

Appendix 12: Worker Orientation Checklist

Employee Name:			
Date of Hire:	Address:		
Position:			
	Phone: (Home)	(Cell)	
List of Medical Conditions:			
Emergency Contacts			
Name:	Phone : (Home)	(Cell)	(Bus.)
Name:	Phone : (Home)	(Cell)	(Bus.)
Name:	Phone : (Home)	(Cell)	(Bus.)

The following information has been provided and reviewed and/or discussed;

TOPIC	Provided Y/N	Reviewed Y/N	ACTIONS REQUIRED
1. Provide Employee Guidelines			
2. Review Employee Guidelines			
3. Obtain Acknowledgement Sheet			
4. Review training records, licenses, or certificates (OBTAIN COPIES)			List --
5. Discuss & review reporting of hazards, incidents and accidents. Explain the Early and Safe Return to Work program.			
Other Information <ul style="list-style-type: none"> Equipment Provided (list) 			

Additional requirements for Young Workers:			
<input type="checkbox"/> WSIB Health and Safety 101 e-course			
<input type="checkbox"/> _____			
<input type="checkbox"/> _____			

Date : _____ Completed By : _____