

New Employee Orientation Checklist

Occupational Health and Safety Division



Company/Organization: _____ Supervisor: _____

Employee: _____ Position/Job Title: _____

Employee Status: New Hire Temporary Worker Return to Work
 Promotion Student/Co-op Placement

General Items		Date Completed	Trainer Initials	Employee Initials	Comments
Legislation	Health and Safety Legislation				
	Health and Safety policies and procedures				
	Employees Rights				
Responsibilities	Management				
	Employee				
Rules	Company Overview				
	Disciplinary Action Procedure				
Preventing Employee Injury	Reporting Unsafe Conditions				
	Reporting Injuries				

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General Items		Date Completed	Trainer Initials	Employee Initials	Comments
Emergency Procedures	Emergency Call Numbers				
	First Aid Call Numbers				
	First Aid Supplies				
	Evacuation Procedures				
Job Specific	Safe Work Practices				
	Safe Work Procedures				
	Use of Equipment				
Communications	Annual Safety Meeting				
WHMIS	Symbols, Labels, SDS				
	Safe Handling Procedures and Appropriate PPE				

Date: _____ Employee Signature: _____

Date: _____ Supervisor Signature: _____