Insert Company Name (logo) here:

**New Employee Safety Orientation**

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| **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Worker:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | **Yes** | **No** |
| 1. | Workplace Health and Safety Policy  |  |  |
| 2. | Return-to-Work Policy/Program |  |  |
| 3. | Workers’ Three Basic Rights |  |  |
| 4. | Identification of the H&S Committee/WHS Representative  |  |  |
| 5. | Responsibilities of workers, supervisors, HSC/WHSR |  |  |
| 6. | Emergency Procedures, First Aid |  |  |
| 7. | Incident Reporting Procedure |  |  |
| 8. | Company Rules |  |  |
| 9. | Personal Protective Equipment |  |  |
| 10. | Workplace Inspection Requirements |  |  |
| 11 | Incident Reporting and Investigation |  |  |
| 12. | Hazard Identification and Reporting |  |  |
| 13. | Safe Work Practices |  |  |
| 14. | Safe Job Procedures |  |  |
| 15. | Safety Meetings |  |  |
| 16. | Workplace Violence & Harassment Prevention Policy |  |  |
| 19. | Other: |  |  |
| Remarks:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| This will certify that I have been given the company orientation briefing on the above noted subjects as indicated by me with an “X” and that I have fully reviewed and understood its contents.Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Company Rep.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |