

WORKER SITE ORIENTATION (BY EMPLOYER)

Project: _____ Address: _____ Date: _____
 Name: _____ Employer: _____ Trade: _____
 Years Experience: _____ Address: _____ Phone Number: _____
 Emergency Contact Name: _____ Relationship: _____ Phone Number: _____
 Who conducted the orientation: _____ Position: _____

All workers must complete this form prior to starting any work on any of our sites. You must meet all company safety requirements, and comply with all WorkSafeBC requirements while working on this site. You must review each section in this orientation and initial next to the applicable box on the orientation form below. By initialing each topic and signing this form you are indicating that you have reviewed the information contained in this orientation and the WorkSafeBC Regulation and the rules, regulations and guidelines of any governing bodies which may regulate our work on this site.

| 1 Do you understand the Company's policy on: | | 3 Employee's Responsibilities for Safety | |
|--|--------|---|--------|
| Disciplinary Action | | Site Safety Rules | |
| Alcohol & Drugs, horseplay, fighting, harassment | | Excavation / Working near heavy equipment | |
| Defective Equipment | | Rebar Protection | |
| Smoking | | Ladder use / work platforms / Access & Egress | |
| Storage | | Fall protection / Guardrails / Control Zones | |
| Accident Reporting & Investigation | | Floor Openings | |
| Safety Meetings/crew talks | | Electrical Safety / Proximity to Powerlines | |
| Hearing Protection Requirement | | Lifting Materials by Hand | |
| Promptly reporting all accidents, incidents and injuries | | Exposure to Silica Dust | |
| 2 Personal Protective Equipment | | Control Zones | |
| Hard Hat (certified) | | 4 General Site Safety Rules | |
| Safety Boots (certified) | | Reporting Unsafe Acts/Conditions/Equipment | |
| Clothing (long pants, shirt with 6" sleeves) | | MSDS location | |
| Safety Glasses, contact lenses | | Red & Yellow Caution Tape & Signs | |
| Hearing Protection | | Public Interaction Rules | |
| Respiratory Protection | | Blood Borne Pathogens | |
| Gloves | | | |
| Reflective Vests | | | |
| 5 Do You: | | | |
| | Y or N | | Y or N |
| Have a valid First Aid Certification? Level _____ | | Understand that you have the right and responsibility to refuse unsafe work? | |
| Know how to use a fire extinguisher? | | Know how, when and to whom to report all injuries? | |
| Understand that working safely is a Condition of Employment? | | Have any medical/physical conditions that we need to be aware of? If yes please note below. | |
| Have WHMIS training? | | Date of Last Hearing Test? | |

Comments: _____

EMPLOYEE SIGNATURE _____

SUPERVISOR NAME & SIGNATURE _____

DATE _____