NEW & YOUNG WORKER ORIENTATION		
Name: Date:	Trade:	Years Experience:
Address:		Number:
Emergency Contact Name:		Phone Number:
		Frione Number.
Who conducted the orientation:	Position:	
All new & young workers must complete this form prior to starting any work. You must meet all company safety requirements, and comply with all WorksafeBC requirements while working with us. 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 that you agree to abide by it and any applicable regulatory requirements imposed on us by law.		
1 Do you understand the Company's policy on: Responsibilities	3 Hazards y Site Safety R	ou may be exposed to on site
Disciplinary Action		Working near heavy equipment
Alcohol & Drugs, horseplay, fighting, harassment	Rebar Protect	
Defective Equipment	Ladder use /	work platforms / Access & Egress
Smoking		n / Guardrails / Control Zones
Storage	Scaffolding/S	
Lone Worker requirements		rmwork / Placing Concrete / Fly Tables
Compliance with OH&S Program	Confined Spa	aces
WorkSafeBC Regulation	Floor Openin	
Accident investigation and reporting		fety / Proximity to Powerlines
Safety Meetings/crew talks	Stripping For	
WHMIS		loading Vehicles / Cranes / Rigging
Hearing Protection Requirement	Lifting Mater	
Promptly reporting all accidents, incidents and injur		
Reviewing job procedures	Exposure to	
Operating company vehicles	Control Zone	
Substance Abuse Program		e safety rules
Exit Interview	Tool box Med	
Return to Work Program	Safety Repre	
2 Personal Protective Equipment (PPE)		nsafe Acts/Conditions/Equipment
Hard Hat (certified)	·	cidents/incidents (Near Miss)
Safety Boots (certified)		medical/fire/evacuation procedures
Clothing (long pants, shirt with 6" sleeves)	MSDS location	
Safety Glasses, contact lenses (as required)		v Caution Tape & Signs
Hearing Protection (as required)	Public Intera	
Respiratory Protection (as required)	Blood Borne	
Gloves (as required)	Location of fi	rst aid & how to summon (site specific)
Reflective Vests (as required)		
5 Information you require to work safely		
Your Supervisor is: Contact them at:		
Part 3.12 of the WorkSafeBC Regulation states; All workers have the right and obligation to refuse to be unsafe. When we are aware of the unsafe doing the work.	e unsafe work. You cann	
Working safely is a condition of employment. Do y	ou understand this? ☐Y (i	nitial) □N (stop orientation & clarify)
WHMIS training is required by law. Do You have W	HMIS training? □Y (initial)	
Annual hearing tests are required by law. When was your last hearing test? Test Date:		
Training on SWP for your job will be conducted by	•	
	The CSO is:	ph #:
EMPLOYEE SIGNATURE		
SUPERVISOR NAME & SIGNATURE	DATE	
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