

NEW EMPLOYEE ORIENTATION FORM

Safety and Health orientations are required under the Manitoba Safety and Health Regulations. For companies that do not already have a health and safety orientation system in place, the New Employee Orientation Form could provide assistance. This form is to be completed before a new employee commences work on your site. Please complete all sections that are applicable to your company and worksite activities.

This form must be signed and dated by the individual responsible for the orientation and the new worker who has received the orientation. Once signed, maintain the original copy of the New Employee Orientation Form as documentation.

<input type="checkbox"/> New Employee	<input type="checkbox"/> Returning Employee	<input type="checkbox"/> Student/ Other
Name:		
Address:	Medical Conditions:	
Phone:	Postal Code:	
Birth Date:	Other:	
Emergency Contact:	MB Health #:	
Department:	Position:	
Drivers License Required: <input type="checkbox"/> YES <input type="checkbox"/> NO	Copy of Drivers License: <input type="checkbox"/> YES <input type="checkbox"/> NO	

COMPANY ORIENTATION

GENERAL – This section to be completed during the corporate orientation session

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Safety Program | <input type="checkbox"/> Hazard Awareness | <input type="checkbox"/> Violence in the Workplace | <input type="checkbox"/> First Aid |
| <input type="checkbox"/> Health and Safety Policy | <input type="checkbox"/> Reporting Procedures | <input type="checkbox"/> Ergonomics | <input type="checkbox"/> Emergency Procedures |
| <input type="checkbox"/> Responsibilities | <input type="checkbox"/> Preventative Maintenance | <input type="checkbox"/> Drivers Program | <input type="checkbox"/> Safety Committee |
| <input type="checkbox"/> Worker Rights | <input type="checkbox"/> Ask for Instruction | <input type="checkbox"/> WHMIS | <input type="checkbox"/> Safety Meetings |
| <input type="checkbox"/> General Safety Rules | <input type="checkbox"/> Training | <input type="checkbox"/> Equipment Operation | <input type="checkbox"/> WCB Claim Process |
| <input type="checkbox"/> Drug & Alcohol Policy | <input type="checkbox"/> Personal Protective Equipment | <input type="checkbox"/> Workplace Inspections | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Disciplinary Process | <input type="checkbox"/> Hearing Conservation | <input type="checkbox"/> Accident Investigations | <input type="checkbox"/> _____ |

SUPERVISOR/FOREMAN SECTION

To Supervisors: Please ensure that your new employee has been oriented and instructed (with demonstration when necessary) on all topics that are applicable for your site. Site orientation items can be found below in checklist form. Blank spaces have been provided so that you may include additional items that are appropriate to your site and your employees' responsibilities.

SITE ORIENTATION

This section to be completed by employee's supervisor

- | | | | |
|--|---|--|--------------------------------|
| <input type="checkbox"/> Facility Walkthrough | <input type="checkbox"/> Smoking | <input type="checkbox"/> Personal Protective Equipment | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Supervisor Contact Info | <input type="checkbox"/> Safety Committee | <input type="checkbox"/> Equipment/Vehicle Inspections | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Incident Reporting | <input type="checkbox"/> Emergency Procedures | <input type="checkbox"/> Tool Box Meetings | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Manitoba Regulations
W210/MR217/2006 | <input type="checkbox"/> Emergency Exits | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Bulletin Board | <input type="checkbox"/> Muster Points | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> First Aid | <input type="checkbox"/> Fire Extinguishers | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Tool Area | <input type="checkbox"/> MSDS location | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Housekeeping | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

SITE ORIENTATION (CONTINUED)

Safe Work Procedures

- | | |
|---|--|
| <input type="checkbox"/> Excavations | <input type="checkbox"/> 3 Point Contact |
| <input type="checkbox"/> Confined Space | <input type="checkbox"/> Manual Lifting |
| <input type="checkbox"/> Fall Protection | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Lockout | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Hoisting and Lifting | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Working Alone | <input type="checkbox"/> _____ |

The following section is to assist Supervisors in identifying the required authorization / training prior to a new employee using any equipment. All equipment orientation and training performed must be recorded and maintained as documentation.

SITE EQUIPMENT AUTHORIZATION AND TRAINING IDENTIFICATION

Identify all required training

- | | | | |
|--|---|---|--------------------------------|
| <input type="checkbox"/> Confined Space | <input type="checkbox"/> Excavator | <input type="checkbox"/> Loader | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Fall Protection | <input type="checkbox"/> Forklift | <input type="checkbox"/> Light Vehicles | <input type="checkbox"/> _____ |
| <input type="checkbox"/> TDG | <input type="checkbox"/> Cranes | <input type="checkbox"/> Roller | <input type="checkbox"/> _____ |
| <input type="checkbox"/> First Aid | <input type="checkbox"/> Trailer Towing | <input type="checkbox"/> Compressor | <input type="checkbox"/> _____ |
| <input type="checkbox"/> WHMIS | <input type="checkbox"/> Power Tools | <input type="checkbox"/> Paving Machine | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Traffic Control | <input type="checkbox"/> Dump Truck | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Backhoe | <input type="checkbox"/> Hoists / Lifting Devices | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Equipment Authorization and Training Is the Responsibility of the Site Supervisor

Supervisor Comments:

☐ N/A Identified Field Partner: _____ Division: _____

The identified field partner is used to ensure an employee is oriented during their exposure to fieldwork. Field partners must ensure a new employee does not attempt to perform tasks they have not been authorized or trained to do so. If this is not necessary, check N/A.

I have been instructed and understand the foregoing information.

Employee Signature: _____ Date: _____

I have instructed the foregoing information with the above employee and believe that he or she has a reasonable understanding of the information.

Orientator's Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

SITE ORIENTATION MUST BE COMPLETED PRIOR TO COMMENCING WORK

Original Copy to Be Signed and Maintained as Documentation