

Appendix B: Worker Orientation Record

Worker's name _____

Date hired _____

Date of orientation _____

Supervisor's name _____

	Yes	No	
Health & safety responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	
Health & safety rules	<input type="checkbox"/>	<input type="checkbox"/>	
How to get first aid	<input type="checkbox"/>	<input type="checkbox"/>	
Location of first aid kit	<input type="checkbox"/>	<input type="checkbox"/>	
Location of fire exits & Fire extinguishers	<input type="checkbox"/>	<input type="checkbox"/>	
How to report unsafe conditions	<input type="checkbox"/>	<input type="checkbox"/>	
Obligation to refuse unsafe work	<input type="checkbox"/>	<input type="checkbox"/>	
Workplace Hazardous Materials Information System (WHMIS)	<input type="checkbox"/>	<input type="checkbox"/>	
Use of Personal Protective Equipment	<input type="checkbox"/>	<input type="checkbox"/>	
Dealing with violent patients	<input type="checkbox"/>	<input type="checkbox"/>	
Working alone procedures	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency procedures (list them here): _____	<input type="checkbox"/>	<input type="checkbox"/>	
