**SUPERVISOR’S ORINTATION CHECKLIST**

Supervisor's Safety Check List for new and transferred employees.

SN NUMBER                                        NAME (PRINT)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE  HIRED                                              DATE CHECKLIST ISSUED **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

POSITION TITLE

SAFETY REP/SUPERVISOR NAME:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

EMPLOYMENT TYPE:    FULL TIME \_\_\_\_\_\_\_     PART TIME\_\_\_\_\_    CASUAL\_\_\_\_\_

The Supervisor must ensure that each new employee under his jurisdiction is instructed in all safety practices and/or hazards that apply in his job.

**The following checklist is to assist the Safety Rep/Supervisor in indoctrinating new personnel.**

|  |  |  |  |
| --- | --- | --- | --- |
|                                          **ITEMS COVERED** | **Init.** |                                                **ITEMS COVERED** |  **Init.** |
|  1.  Location of Hospital. |    |  9. Housekeeping (work area, locker). |    |
|  2.  Location of emergency telephones and also nearest regular telephone. |    |  10. Safety rules for workplace.              |    |
|  3.  Know phone numbers and how to report a fire or emergency. |    |  11.  Specific discussion of workplace hazards such as machinery, traffic, and chemicals (=Job-specific WHMIS training)  |    |
|  4.  Location and use of Fire Extinguishers. |    |  12.  How to report unsafe conditions, defective equipment or other hazards. |    |
|  5.  Fire Alarm |    |  13.  Correct method of operating equipment & tools; handling and storing materials; the safe way to do a job & how to lift safely. |    |
| 6. Emergency Plan, exits, evacuation procedures, assembly points. |    | 14.  Starting and stopping devices & safe guards. |    |
|  7.  How to report accidents. |    |  15.  Protective equipment/clothing - where obtained; when worn; how to be used. |    |
|  8.  Location and use of First-Aid equipment, emergency shower, water fountains, safety blankets, eye baths, etc.                      |    |  16.  Location of other hazardous (Explosives - fuel - ammonia, chlorine, etc.) |    |
|  |  |  |  |

**THE FOLLOWING ITEMS APPLY SPECIFICALLY TO THE POSITION & REQUIRE TRAINING.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  **ITEMS    COVERED** | **Init.** | **Trg.  Required** | **Trg.   Current** |  **ITEMS COVERED** | **Init.** | **Trg.  Required** | **Trg.   Current** |
|    1.   **Confined Space Entry** |    |    |    |  8.    |    |    |    |
|  2.   **Fall Protection** |    |    |    |  9. |    |    |    |
|  3.   **Aerial Lifting Device** |    |    |    |  10. |    |    |    |
|  4.   **First Aid** |    |    |    |  11. |    |    |    |
|  5.   **Orientation to New Employees.** |    |    |    |  12. |    |    |    |
|  6.   **WHMIS** |    |    |    |  13. |    |    |    |
|  7.    |    |    |    |  14. |    |    |    |

MEMBER/EMPLOYEE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE

COMPLETED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE

SAFETY REP/SUPERVISOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE

SECTION HEAD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE