**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