

**SAFETY ORIENTATION CHECKLIST (WORKSAFE BC)
MUST RETURN TO CAREER PROGRAMS OFFICE**

Please review & complete this Safety Orientation with your employer sponsor on your first day of placement

Company/Employer: _____ Date: _____

Student Name: _____ Signature: _____

Supervisors Name: _____ Signature: _____

TASK	YES	NO	N/A
1. I have reviewed the worksite employees rights & responsibilities (a) General duties of employers, works, & supervisors (b) Worker right to refuse unsafe work & procedures for doing so (c) Worker responsibility to report hazards & procedure for doing so			
2. I was given an orientation regarding workplace health & safety rules and generic risks of this job			
3. Known hazards & risks specific to this workplace were identified during orientation and how to deal with them. They are: _____ _____ _____			
4. I was shown safe work procedures for carrying out tasks			
5. I was given measures to reduce the risk of violence/bullying in the workplace & procedures for dealing with it			
6. I have been informed that Personal protective equipment IS / IS NOT required. If required what to use, when to use it, and where to find it (a) _____ (b) _____ (c) _____			
7. I have been informed who is the first aid attendant & station			
8. I have reviewed the emergency procedures (a) emergency exits (b) Fire extinguishers any other emergency equipment, how to use			
9. I have been informed of the Hazardous materials & WHMIS (a) What are hazardous materials in the workplace			

EMERGENCY INFORMATION

ALL INCIDENTS MUST BE REPORTED TO PARENTS AND SCHOOL IMMEDIATELY.