

Please scan & email to your *Apprentice Facilitator at your home school*  
Note: It is the employer's responsibility to ensure compliance with Workplace Orientation regulations.  
This template is offered as a starting point for the employer in conjunction with their own forms.  
Orientations must be completed before the employee starts working.

## WORKPLACE SAFETY ORIENTATION CHECKLIST.

Workplace: \_\_\_\_\_ Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Orientation Date: \_\_\_\_\_

The following must be completed by the student & the employer supervisor **BEFORE** you start your work placement. Place a check (✓) in the appropriate box. Record specific details under each item.

1. Hazards and risks (e.g. physical, chemical, biological, air quality, noise levels) specific to this workplace are:  YES

\_\_\_\_\_

\_\_\_\_\_

Emergency procedures (e.g. fire, earthquake) are:  YES

\_\_\_\_\_

\_\_\_\_\_

2. Fire extinguisher and fire alarm are located:  YES

\_\_\_\_\_

\_\_\_\_\_

3. Specific WHMIS hazards at this worksite are:  YES

\_\_\_\_\_

\_\_\_\_\_

4. Incident report forms are located:  YES  n/a

\_\_\_\_\_

5. Accident reporting procedure at this worksite is:  YES

\_\_\_\_\_

\_\_\_\_\_

6. Personal Protective Equipment required at this worksite is:  YES  n/a

\_\_\_\_\_

\_\_\_\_\_

7. I have reviewed worksite policies on dealing with robberies and/or shoplifting and/or theft.  YES

\_\_\_\_\_

\_\_\_\_\_

8. Machinery or equipment which require me to have operator training:  YES  n/a

\_\_\_\_\_

\_\_\_\_\_

9. Safe lifting procedures have been taught.  YES

\_\_\_\_\_

\_\_\_\_\_

10. Fall protection (ladders, scaffolds, hoists, roof tops, etc.) has been taught.  YES

\_\_\_\_\_

\_\_\_\_\_

11. Trade specific safety training is available at this workplace from:  YES  n/a  
(name) \_\_\_\_\_

12. I should report workplace hazards to:  YES

\_\_\_\_\_

13. I understand WorkSafeBC's accident or injury procedure.  YES

14. I have reviewed worksite policies on bullying, harassment and working alone:  YES

\_\_\_\_\_

15. Other:  YES  n/a

\_\_\_\_\_

\_\_\_\_\_

EMERGENCY INFORMATION	
<b>First Aid Station location:</b>	
<b>First Aid Attendant:</b>	
<b>Outline the procedures at your worksite if you are injured:</b>	
<b>Step 1:</b> _____	
<b>Step 2:</b> _____	
<b>Step 3: Receive first aid and/or be transported to a doctor or hospital, as required</b>	
<b>Step 4: Report incident to parents and school immediately</b>	
<b>Step 5: Complete WCB Form 7 and contact WCB within 72 hours of injury with Form 7 attached</b>	

I, \_\_\_\_\_, have reviewed safety procedures with \_\_\_\_\_.

I, \_\_\_\_\_, promise to ask before I begin if I have any doubts about safety in any situation at this worksite.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Student Signature