

# Young and New Worker **Safety Orientation**

An employer's guide to safety training for young and new workers

Name of Worker: \_\_\_\_\_

Date of Employment: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Notes for further training: \_\_\_\_\_

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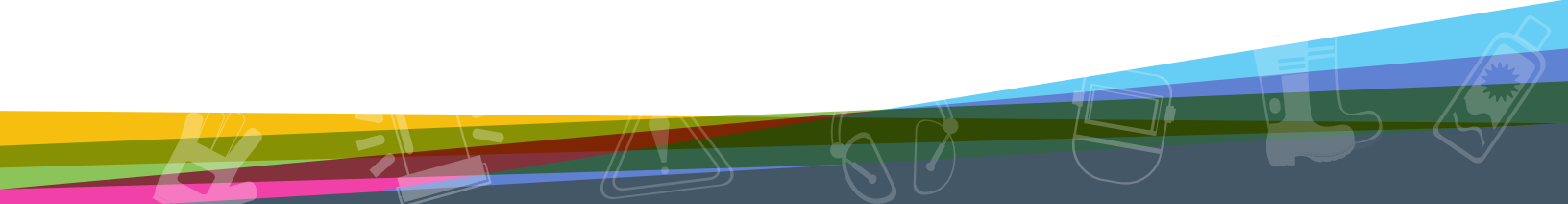
Orientation checklist completed on (date): \_\_\_\_\_

\_\_\_\_\_

Worker signature

\_\_\_\_\_

Employer signature



Young and New Worker

# Safety Orientation Checklist

	Date	Worker Initials	Employer Initials
<b>Contact information</b> provided on:	_____	_____	_____
Reviewed <b>legislation</b> on:	_____	_____	_____
Reviewed <b>general rules</b> on:	_____	_____	_____
Reviewed <b>known hazards</b> on:	_____	_____	_____
<b>Specific tasks</b> demonstrated on:	_____	_____	_____
Reviewed <b>personal check procedures</b> on:	_____	_____	_____
Reviewed <b>potential for violence</b> on:	_____	_____	_____
Reviewed <b>how to use PPE equipment</b> on:	_____	_____	_____
Reviewed <b>what to do if someone is injured</b> on:	_____	_____	_____
Reviewed <b>evacuation procedures</b> on:	_____	_____	_____
Reviewed <b>OHS programs</b> on:	_____	_____	_____
Reviewed <b>hazardous products</b> on:	_____	_____	_____
Introduced to <b>JOHSC member</b> on:	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

