



# Contractor Safety Orientation Checklist

## Form OHS-001

<b>A Worker Information</b>	
<b>Name:</b>	<b>Your Contact #:</b>
<b>Company:</b>	<b>Emergency Contact Name:</b>
<b>Title/Position:</b>	<b>Emergency Contact #:</b>

<b>B OH&amp;S Topics</b>	
<input type="checkbox"/> Health & Safety Policy Statement <input type="checkbox"/> Project Health & Safety Rules <input type="checkbox"/> Disciplinary Process <input type="checkbox"/> 4 Worker Rights <input type="checkbox"/> Work Refusal Process <input type="checkbox"/> Responsibilities for Safety <input type="checkbox"/> PPE Policy <input type="checkbox"/> Violence & Harassment <input type="checkbox"/> Reporting Incidents, Near Misses & Hazards <input type="checkbox"/> Incident Investigations <input type="checkbox"/> Modified Duty/Return-To-Work	<input type="checkbox"/> Field Level Risk Assessment (FLRA) <input type="checkbox"/> JOHSC <input type="checkbox"/> Safety Representative <input type="checkbox"/> OH&S Training <input type="checkbox"/> Inspections & Audits <input type="checkbox"/> WHMIS/WHMIS 2015/GHS <input type="checkbox"/> Emergency Response <input type="checkbox"/> Housekeeping <input type="checkbox"/> Cell Phone Use <input type="checkbox"/> Tool/Equipment/PPE Inspections <input type="checkbox"/> Other:

<b>C Other Site-Specific Topics</b>	
<input type="checkbox"/> Site Management & Contact Information <input type="checkbox"/> Communication with Project Manager <input type="checkbox"/> Parking <input type="checkbox"/> Safety Legislation & Policies <input type="checkbox"/> Interferences <input type="checkbox"/> Sensitivity <input type="checkbox"/> Worker Competency & Supervision	<input type="checkbox"/> Contractor Equipment <input type="checkbox"/> Barricades/Hoarding <input type="checkbox"/> Smoking <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Other:

<b>D Location of Emergency Response Equipment</b>	
<input type="checkbox"/> Assembly Area(s) <input type="checkbox"/> Emergency Phone Numbers <input type="checkbox"/> Location of Spill Kit <input type="checkbox"/> Evacuation routes/nearest hospital	<input type="checkbox"/> Location of Fire Extinguishers <input type="checkbox"/> Location of First Aid Kits <input type="checkbox"/> Location of Eye Wash Station <input type="checkbox"/> Other:

<b>E Acknowledgement</b>	
<p><i>I have attended StFX's Contractor Safety Orientation and I understand and will comply with all rules, policies, and procedures that apply.</i></p>	
<hr style="width: 80%; margin: 0 auto;"/> <p><b>Contractor Worker (signature)</b></p>	<hr style="width: 80%; margin: 0 auto;"/> <p><b>Date</b></p>
<hr style="width: 80%; margin: 0 auto;"/> <p><b>StFX Facilitator (signature)</b></p>	<hr style="width: 80%; margin: 0 auto;"/> <p><b>Date</b></p>