

Employee Orientation Sign Off

Employee Name: _____ Position: _____

Date Hired: _____ Date of Orientation: _____

Person Providing Orientation (Name & Position): _____

Company Name: _____

New Employee's Initials	Please initial beside each element to verify orientation and documentation
	I know my legal workplace health and safety rights
	I know my legal roles and responsibilities and those of my supervisor and I am committed to doing my part to ensure my workplace is safe and healthy
	I received information on the hazards specific to my job
	I am familiar with the Manitoba Workplace Health & Safety Act, where it is located and how it applies to me
	My workplace has a joint health and safety committee or a health and safety representative. I know who the committee members are or who the representative is. If no committee or representative is required, I know who to report safety issues and concerns to
	I received training on Safe Work Procedures on how to preform my job/tasks safely
	I received training on the specific equipment and the materials I use as well as the work processes in my workplace
	I will look out for hazards and know how and whom to report them to
	I work with a WHMIS controlled substance and received WHMIS training
	I know where to find the MSDS and have/will review them when handling a WHMIS controlled substance
	I received training on the personal protective equipment I need to wear and how to use it properly
	I received training on emergency procedures and know where the fire extinguishers, exits, and firs aid stations are located
	If I am to work alone, I am familiar with the policy and procedures

Employee Signature: _____ Date: _____

Orientator Signature: _____ Date: _____



Be Responsible - Think Safety

