



New Employee Orientation

The following describes some general orientation topics. It includes key examples of the things you may need to discuss with your workers during training. Please note that this list is NOT comprehensive; your orientation will need to include topics that are specific to your workplace and which may not be described here. It is important that you do a hazard assessment for your specific workplace. An assessment will help you identify any other necessary health and safety topics for training.

Employee Name: _____ Position: _____

Date Hired: _____ Date of Orientation: _____

Person Providing Orientation: _____

Company Name: _____

TOPIC	TRAINER'S INITIALS	EMPLOYEE'S INITIALS	COMMENTS
Supervisor's Name and Phone Number			
Rights and Responsibilities			
General duties of employers, workers, and supervisors			
Worker's right to know, participate and refuse unsafe work and procedures for doing so			
Worker's responsibility to report hazards and procedures for doing so			
Known Hazards and How to Deal With Them (workplace specific)			
Safe Work Procedures for Carrying Out Tasks (workplace specific)			



Measures to Reduce the Risk of Violence in the Workplace and Procedures for Dealing With Violent Situations			
Personal Protective Equipment – what to use, when and where to find it			
FIRST AID			
First Aid Attendant’s Name and Contact Information			
Locations of kits and eyes wash stations			
How to report an illness, injury or other accident including near miss			
Emergency Procedures			
Locations of emergency exits and meeting points			
Locations of fire extinguishers and fire alarms			
How to use an extinguisher			
What to do in an emergency situation			
Emergency contact numbers			
Procedures for working alone			
Hazardous Materials and WHMIS Training			
Purpose and significance of hazard information on product labels			
Location, purpose and significance of material safety data sheets (MSDS)			
How to handle, use, store, and dispose of hazardous materials safely			
Procedures for an emergency involving hazardous materials including clean-up			



Employee Orientation Sign Off

Employee Name: _____ Position: _____

Date Hired: _____ Date of Orientation: _____

Person Providing Orientation: _____

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 and 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 for my job/tasks
	I received training on the specific equipment and the materials I use as well as the work process in my workplace
	I will look out for hazards and know how and whom to report them to
	I work with WHMIS controlled substances 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 first aid stations are located
	If I am to work alone, I am familiar with the policy and procedures

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____



The Safe Hospitality program is administered by Manitoba Tourism Education Council (MTEC).
 Please Note: Safe Hospitality does not assume liability for the information contained in this document. They are being provided for informational and reference purposes only. We recommend that you customize it to suite your own workplace. www.safehospitality.com





Training Record

(Name of Company) is committed to the safety and health of all their employees and customers. In order to provide a safety and healthy surrounding, management has established an on-going training program for all employees.

This verifies that (Name of Employee) has been trained, evaluated and has demonstrated that he/she has successfully met the training requirements in the following areas:

<input type="checkbox"/> Hazard Communication	<input type="checkbox"/> Lockout – Tag Out
<input type="checkbox"/> Safety Orientation (company rules)	<input type="checkbox"/> Violence and Harassment Prevention
<input type="checkbox"/> Robbery Prevention	<input type="checkbox"/> Working Alone
<input type="checkbox"/> Preventing Slips, Trips and Falls	<input type="checkbox"/> Incident and Near Miss Reporting
<input type="checkbox"/> Preventing Burns	<input type="checkbox"/> Personal Protective Equipment
<input type="checkbox"/> Confined Space Entry	<input type="checkbox"/> Safe Lifting / Handling
<input type="checkbox"/> Fire Prevention	<input type="checkbox"/> Use of Fire Extinguishers
<input type="checkbox"/> First Aid	<input type="checkbox"/> Emergency Procedures
<input type="checkbox"/> Safe Work Procedures	<input type="checkbox"/> Garbage Compactor
<input type="checkbox"/> Preventing Cuts	<input type="checkbox"/> WHMIS / Chemicals
<input type="checkbox"/> Fall Protection	

Signature of Trainer: _____ Print Name: _____

I agree that I have been trained in the above checklist areas involving safety and accident prevention. I understand that I am required to follow all safety rules and procedures.

Employee Signature: _____ Date: _____