

SAFETY ORIENTATION CHECKLIST

Placement Employer: This checklist may be used to document health and safety orientation provided to a student(s) prior to exposure to any hazards in your workplace. This checklist, or another format documenting orientation, must be returned to the Brock University Practicum Coordinator.

Student Name:		
Organization Name:		
COMPLETE DURING ORIENTATION		✓
Name and contact information for immediate supervisity (JHSC) or Safety Representative	sor and Joint Health and Safety Cor	mmittee representative
Worker/supervisor rights and responsibilities		
Safe work procedures and operation of equipment		
Use of Personal Protective Equipment (PPE)		
Identification of restricted or prohibited areas, tools, e	equipment and machinery	
Hazards in the workplace that may affect the student,	, how they're controlled and how to	deal with them
What to do and who to see if the student has a safety	y concern	
What to do when there is a fire or other emergency (e	e.g., evacuation procedures)	
Location of fire exits and fire extinguishers		
Location of the first aid supplies, equipment, facilities		
 Names of staff responsible for first aid How to record first aid treatment 		
Procedures for reporting accidents and injuries		
Workplace Hazardous Materials Information System	(WHMIS)	
Workplace policies and procedures on, but not limited	d to:	
Workplace Harassment		
Violence prevention		
Working in isolation One object (Principle of Control		
 Smoking/Drinking/Substance abuse Location of other important information 		
Materials Safety Data Sheet (MSDS)		
 Joint Health & Safety Committee Minutes Instructions for safe operation of each piece of equipment (if applicable) 		
Important telephone numbers		
 Health & safety bulletin board 		
 Other hazards covered during orientation should be 	e documented and attached on an a	additional sheet.
 One Checklist may be used to document group student orientation sessions, however an additional sign-in sheet including student names and signatures must be attached to the Checklist. 		
Supervisor Name	Signature	Date
Student Signature		Date