



NEW SUBCONTRACTOR EMPLOYEE ORIENTATION

Subtrade Name: _____
 Project: _____

Foreman Name: _____
 Date: _____

- | | Y | N | N/A | | Y | N | N/A |
|--|---|---|-----|---|---|---|-----|
| 1) Introduction to Superintendent | | | | 17. No radios or iPods permitted on site | | | |
| 2) Introduction to First Aid Attendant | | | | 18. Submit weekly toolbox meetings | | | |
| 3) Shown location of: | | | | 19. Site hours | | | |
| 1. First Aid Trailer / Room | | | | 20. Daily maintenance logs - lifts & equipment | | | |
| 2. Emergency Horns & Eye Wash locations | | | | 5) Workers Rights and Responsibilities | | | |
| 3. Emergency phone and phone numbers | | | | 1. Right to refuse unsafe work | | | |
| 4. Local Hospital / Medical Facilities (Map) | | | | 2. Responsibility to report all hazards or unsafe work / acts | | | |
| 5. Washrooms / Cleanup facilities | | | | 3. Right to orientation and safety training | | | |
| 6. Parking | | | | 4. Responsible for reporting all near misses and any injury that occurs on site | | | |
| 7. Access and Egress to site / building | | | | 6) Personal Protective Equipment (PPE): | | | |
| 4) Site Specific Rules & Conditions | | | | 1. Hard Hat | | | |
| 1. Excavations | | | | 2. CSA approved steel toed boots | | | |
| 2. Temporary and permanent electrical systems | | | | 3. Ear plugs (as applicable) | | | |
| 3. Floor and roof openings | | | | 4. Eye protection | | | |
| 4. Fall hazards | | | | 5. Other PPE as required (i.e. fall arrest harness when at heights over 10 feet or in Genie Lifts, chaps when using a chainsaw) | | | |
| 5. Written work procedures for any ongoing work | | | | 6. High Visibility Vest (around mobile equipment and cranes) | | | |
| 6. Emergency evacuation procedures (3 blasts for first aid, 1 for evac. or fire) | | | | 7) Safety qualifications: | | | |
| 7. Other general site specific rules | | | | 1. First Aid Certificate | | | |
| 8. Traffic Control Plan | | | | Level _____ Expiry date _____ | | | |
| 9. Housekeeping and material storage | | | | 2. WHIMIS | | | |
| 10. Ladders – 4:1 ratio, secure, good cond. | | | | 3. Fall Arrest (if applicable) | | | |
| 11. Scaffolding – level, inspected, safe | | | | Expiry date _____ | | | |
| 12. Guardrails – replaced after work is done | | | | 4. C.S.O. | | | |
| 13. Safe power tools – use of, inspected, GFI | | | | Expiry date _____ | | | |
| 14. WHIMIS - MSDS sheets submitted for new materials, proper labels present, storage | | | | 5. Hearing card current | | | |
| 15. No smoking in building or hoardings | | | | Expiry date _____ | | | |
| 16. Zero tolerance for horseplay, alcohol, drugs and harassment | | | | | | | |

8) Relevant medical history (voluntary, kept confidential) _____

9) Emergency Contact (phone number & relationship to worker) _____

Name: _____
 (Please print)

Signed by: _____

I will personally undertake to ensure all my Co-workers receive this orientation and will abide by the site rules. (Subcontractor worker)