

Site Orientation

This orientation must be filled out in its entirety

Project _____	Name _____
Superintendent _____	Address _____
CSO * OFA _____	Phone _____
Supervisor _____	Trade _____ Years of Exp. _____
Phone Num. _____	Emergency Con. _____
Company _____	Relationship _____
Corp. Office Location _____	Phone Num. _____

- | | |
|---|--|
| <input type="checkbox"/> Company Safety Policy | <input type="checkbox"/> Ladders and Scaffolds |
| <input type="checkbox"/> General Safety Rules | <input type="checkbox"/> Ground Assur., Cords, and Power Tools |
| <input type="checkbox"/> Disciplinary Policy | <input type="checkbox"/> Air Tools and Hoses |
| <input type="checkbox"/> Unsafe Acts, Accidents, Incidents | <input type="checkbox"/> Grinders and Cut off Saws |
| <input type="checkbox"/> Reporting Injuries | <input type="checkbox"/> Fire Extinguishers and Fire Call |
| <input type="checkbox"/> Investigations | <input type="checkbox"/> Safety Tape, Delineators, Barriers |
| <input type="checkbox"/> Employees Rights and Responsibilities | <input type="checkbox"/> Hand Rails and Guard Rails |
| <input type="checkbox"/> Right to Refuse Unsafe Work | <input type="checkbox"/> Access and Egress |
| <input type="checkbox"/> First Aid & How to Summon | <input type="checkbox"/> Utilities (Over / Under) |
| <input type="checkbox"/> Evacuation Plan, Muster Station | <input type="checkbox"/> Lock Out Tag Out / LOTO |
| <input type="checkbox"/> Bathrooms, Smoking, Public Interaction | <input type="checkbox"/> Storage of Materials |
| <input type="checkbox"/> Impairment, Horse Play, Harassment | <input type="checkbox"/> Mobile Equipment |
| <input type="checkbox"/> Safety Stands, Notice Boards | <input type="checkbox"/> Explosive Fastening Tools |
| <input type="checkbox"/> Safety Meetings, Tool Boxes | <input type="checkbox"/> Security Covers and Marked Holes |
| <input type="checkbox"/> Ergonomics Environmental & Wildlife | <input type="checkbox"/> Hoisting, Rigging and Cranes |
| <input type="checkbox"/> Exposure Control Plans | <input type="checkbox"/> Respiratory Program |
| <input type="checkbox"/> Mandatory and Specialty PPE | <input type="checkbox"/> Safe Work Practices (DOs and DON'Ts) |
| <input type="checkbox"/> Waste Management and House keeping | <input type="checkbox"/> Safe Job Procedures (Step by Step) |
| <input type="checkbox"/> Location of Nearest Hospital | <input type="checkbox"/> Hazard on site. _____ |
| <input type="checkbox"/> Fall Protection & Rescue | <input type="checkbox"/> Hazard on site. _____ |
| <input type="checkbox"/> Confined Space Entry | <input type="checkbox"/> Hazard on site. _____ |
| <input type="checkbox"/> Hot Works | <input type="checkbox"/> Hazard on site. _____ |

Date: _____

Some training may not have expiry dates or certification numbers
 Possession of Tickets proves Training. Please provide tickets with in 2 working days

TRAINING: Yes / No Expire Date Certification Number

First Aid Level			
WHMIS 2015			
Respirator Fit Test			
Fall Protection			
Confined Space			
CSTS, construction safety training system			
Skid Steer			
Fork lifts			
Scissor lifts			
Cranes Hoisting and Rigging What Type:			
Man Lifts (JLG, Genie, Skyjack, etc.)			
Powder Actuated Guns			
Last Hearing Check			

Additional Instruction

I have a complete understanding &/or training in the following

Yes / No

Filling out permits, exposure control plans and other documentation	
Proper lifting & carrying procedures. Lift with your legs, not your back	
Recognizing a Hazard and Performing a Risk Assessment before every Task	
Setting up my work area. Barricade off if needed, Hazard or Danger Tape. Signage	
Inspecting of: tool, pre-trip mobile equipment, Fall Pro. Harnesses,	
Communication with other trades.	
Understanding The OH&S Program, WorkSafe BC Regulations and ACT.	
Trade Specific Procedures	

Medical Questions

Pre-existing injuries: _____

Medication: _____

Medical Alert Bracelet: _____

EpiPen for allergies _____

And it is located _____

Any other conditions that should be noted

YOUNG OR NEW WORKERS

Green Hand Program

If you have under 5 years of consistent construction work experience, under 25 years of age, or 6 months and under with your current employer, you must remain behind for a secondary orientation.

Initial _____

Harassment Policy

It is the policy of the company to maintain a working environment which encourages mutual respect, promotes respectful and congenial relationships between colleagues and is free from all forms of harassment of any colleague, applicant for employment or customer by anyone. This includes supervisors, co-workers, vendors, or customers. Harassment in any manner or form is expressly prohibited and will not be tolerated by the company. Accordingly, company management is committed to vigorously enforcing this policy against harassment, including but not limited to sexual harassment, at all levels within the company.

All reported or suspected occurrences of harassment will be promptly and thoroughly investigated. Where harassment is determined to have occurred, the company will immediately take appropriate disciplinary action, including written warnings and possible suspension, transfer and/or termination.

The company will not permit or condone any acts of retaliation against anyone who files harassment complaints or cooperates in the investigation of same.

- The term “harassment” includes but is not limited to unwelcome bullying, slurs, jokes, verbal, graphic or physical conduct relating to an individual’s race, Religion, sex, colour, sexual orientation, age, national origin, disability or any other protected class.
- Sexual harassment consists of unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature where:
 - a. Submission to such conduct is an explicit or implicit term or condition of employment;
 - b. Employment decision are based on a colleague’s submission to or rejection of such conduct; or
 - c. Such conduct interferes with an individual’s work performance or creates an intimidating, hostile or offensive working environment.
- The term “harassment” may also include conduct of colleagues, supervisors, vendors and/or customers who engage in verbally or physically hazing behaviours which has the potential for humiliating or embarrassing a colleague of the company.

I _____ Fully understand that working safely is a condition of my employment. I also understand the Site Safety Orientation for this project and will abide by the rules and regulations of _____ and the Workers Compensation ACT of British Columbia.

Signed: _____ **Dated:** _____

Presented By _____ **Position** _____