**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 University of Windsor placement coordinator.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Name:** | |  | | | **Student Number:** |  | | | |
| **Organization Name:** | |  | | | | | | | |
|  | | | | | | | | |  |
| **COMPLETE DURING ORIENTATION** | | | | | | | | | **✓** |
| Name of immediate supervisor and Joint Health and Safety Committee representative (JHSC) or Safety 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, 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 concern | | | | | | | | |  |
| What to do when there is a fire or other emergency (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:  ▪ Workplace Harassment  ▪ Violence prevention  ▪ Working in isolation  ▪ 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 | | | | | | | | |  |
| *Other hazards covered during orientation should be documented and attached on an additional sheet.* | | | | | | | | |  |
| **Signatures** | | | | | | | | | |
| Supervisor Name: |  | | Signature: |  | | | Date: |  | |
| Student Signature: |  | |  |  | | | Date: |  | |