**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: |  |