



Facility/Location Name Here

SITE-SPECIFIC ORIENTATION CHECKLIST

Name:	Date:
Supervisor Name:	
ID:	RFID:

- Review the Relevant Hazard Assessments (insert/delete entries for hazard assessments as necessary):
- | | | | |
|----------------------------------------------|----------------------------------------------|----------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> (insert HA 1 Here) | <input type="checkbox"/> (Insert HA 2 Here) | <input type="checkbox"/> (Insert HA 3 here) | <input type="checkbox"/> (insert HA 4 here) |
| <input type="checkbox"/> (insert HA 5 Here) | <input type="checkbox"/> (Insert HA 6 Here) | <input type="checkbox"/> (Insert HA 7 here) | <input type="checkbox"/> (insert HA 8 here) |
| <input type="checkbox"/> (insert HA 9 Here) | <input type="checkbox"/> (Insert HA 10 Here) | <input type="checkbox"/> (Insert HA 11 here) | <input type="checkbox"/> (insert HA 12 here) |
| <input type="checkbox"/> (insert HA 13 Here) | <input type="checkbox"/> (Insert HA 14 Here) | <input type="checkbox"/> (Insert HA 15 here) | <input type="checkbox"/> (insert HA 16 here) |
- Review PPE requirements for access
- Tour the workplace to discuss hazards and associated controls.
- Identify location of Safety Data Sheets (SDS) and WHMIS information.
- Identify location(s) of:
- emergency exits
 - fire extinguishers
 - fire alarm pull stations
 - building evacuation Assembly Points
- Identify location(s) of:
- first aid kits and supplies
 - emergency showers/eyewashes (if applicable)
 - the nearest Automated External Defibrillator (AED)
- Review the [Working Alone guidelines](#) and [login system](#).
- Review the requirement to call 9-1-1 for life threatening emergencies and then call [Security Services](#) at 403-329-2345.
- Review Two-stage Fire Alarm system

Agreement:

I have reviewed, understand and agree to implement, as required, all items discussed in the Site-Specific Orientation. I also agree that additional training is required in order to carry out work and/or operate equipment independently.

Trainee (print)

Signature

Date

Trainer (print)

Signature

Date