



New Employee Checklist

Employee Name:			
Position (tasks):			
Date Hired:		Date of Orientation:	
Person providing orientation (name and position):			
Topic	Initials (Trainer)	Initials (Employee)	Comments
Superintendent or Principal's name and contact number provided			
Safety and Health Committee or the worker safety and health representative name(s) and contact numbers if applicable (designate for principal in some cases)			
Rights and responsibilities			
General duties of employers, employee's and supervisors (Principal or designate)			
Employees right to know, participate and refuse unsafe work and right to protection from discrimination (website info)			
Workplace Health and Safety policies (Divisional procedures)			
Ex: working alone or in isolation, violence and harassment prevention, , incident investigation, reporting hazards and injuries, etc.			
Contents of Workplace Health and Safety program (if 20 or more employees)			
Ex: Safety and health policy, hazard identification, inspection schedule, training plan, etc.			



Documented safe work procedures (job/task specific)			
ex: machinery, equipment, tools, ladders, chemicals, lockout, musculoskeletal injuries, etc. (K drive)			
First aid			
First aid contact information			
Locations of first aid kits, IED's, and eyewash stations.			
How to report an illness, injury, or other accident (including near-miss and dangerous occurrences)			
Emergency Procedures			
Locations of emergency exits and meeting points			
Locations of fire extinguishers and fire alarms			
What to do in an emergency situation			
Emergency contact (numbers)			
Hazardous materials and WHMIS training (workplace and product specific)			
Purpose and significance of hazard information on product labels			
Location, purpose and significance of material safety data sheets (MSDS)			
How to handle, use, store and dispose of hazardous materials safely(will take WHMIS training this year)			
Procedures for an emergency involving hazardous materials, including clean-up of spills (procedure)			



Accessibility information on website: Regarding employment standards and needs in a crisis.

I (print your name) _____ have read and understand all of the above-mentioned information provided to me by the Swan Valley School Division.

Employee Signature _____ Date: _____ / 20____

Manager/ Supervisor _____ Date: _____ / 20____