



## Young Worker Safety Orientation Checklist\*\*

*\*\*This (non-legal) RSB38 document has been adapted from the WorkSafe BC sample worker orientation checklist.*

As of July 26, 2007 the Occupational Health and Safety Regulation under the Workers Compensation Act states that “an employer must ensure that before a young or new worker begins work in a workplace, the young or new worker is given health and safety orientation and training specific to that young or new worker’s workplace”.

Every day in BC, 34 young people between the ages of 15 and 24 are hurt at work. Five are permanently disabled each week. Most injuries occur during the first six months on the job. Consequently, student workers are being encouraged to ensure that they receive the training they need to work safely and that they understand and use their training. As this occurs, the young worker is asked to check off the items covered on the list below. If a topic is not applicable, it should be indicated as such in the chart below.

Employee (Young Worker) name: \_\_\_\_\_

Position (tasks/duties): \_\_\_\_\_

Date hired: \_\_\_\_\_ Date of Orientation: \_\_\_\_\_

Trainer providing orientation (name/position): \_\_\_\_\_ / \_\_\_\_\_

Company Name: \_\_\_\_\_ Company Phone #: \_\_\_\_\_

WorkSafe Topic	Check/Initial as Covered (Young Worker)	Topic Not Applicable (Trainer Initial)	Notes
<b><i>Rights and Responsibilities:</i></b>			
a) Of the Employer, Supervisor and Worker	<input type="checkbox"/> _____		
b) Worker right to refuse unsafe work + procedure for doing so	<input type="checkbox"/> _____		
c) Worker responsibility to report hazards + procedure for doing so	<input type="checkbox"/> _____		
Workplace Health and Safety Rules _____ _____ _____	<input type="checkbox"/> _____		
What are the Workplace Hazards and the Safety Procedures for dealing with them _____ _____ _____	<input type="checkbox"/> _____		
Safe work procedures for carrying out required duties/tasks _____ _____ _____	<input type="checkbox"/> _____		
Personal Protective Equipment (PPE) – what to use, when to use it, and where to find it _____ _____ _____	<input type="checkbox"/> _____		

<b>WorkSafe Topic</b>	<b>Check/Initial as Covered (Young Worker)</b>	<b>Topic Not Applicable (Trainer Initial)</b>	<b>Notes</b>
Procedures for working alone or in isolation	<input type="checkbox"/> _____		
Measures (to be) taken to reduce risk of violence in the workplace and procedures for dealing with violent situations	<input type="checkbox"/> _____		
<b>First Aid</b>			
a) know attendant name and contact info	<input type="checkbox"/> _____		
b) know locations of first aid kits and eye wash facilities	<input type="checkbox"/> _____		
c) know how to report an illness, injury, or other accident (including near misses)	<input type="checkbox"/> _____		
<b>Emergency Procedures</b>			
a) Locations of emergency exits and meeting points	<input type="checkbox"/> _____		
b) Locations of fire extinguisher and fire alarms	<input type="checkbox"/> _____		
c) How to use fire extinguishers	<input type="checkbox"/> _____		
d) What to do in an emergency situation	<input type="checkbox"/> _____		
<b>Hazardous Materials and WHMIS</b>			
a) Am aware of what hazardous materials are in workplace	<input type="checkbox"/> _____		
b) Understand the meaning of the hazard content shown on product labels	<input type="checkbox"/> _____		
c) Know location, purpose, and how to use material safety data (MSDS) sheets	<input type="checkbox"/> _____		
d) Know how to safely handle, use, store and dispose of hazardous materials	<input type="checkbox"/> _____		
e) Understand how to properly carry out procedures for emergencies involving hazardous materials (including clean-up of spills)	<input type="checkbox"/> _____		
<b>Occupational Health and Safety</b>			
a) know basic contents of program, where applicable	<input type="checkbox"/> _____		
b) know contact info of health and safety representative (where applicable)	<input type="checkbox"/> _____		
<b>Other Topic(s) not Listed</b>			
a)	<input type="checkbox"/> _____		
b)	<input type="checkbox"/> _____		

**We verify that the safety topics initialed above were clearly covered and understood in this Young Worker's safety orientation. Items not applicable have been indicated by the trainer.**

Employee (Young Worker) Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Trainer Signature: \_\_\_\_\_

Date: \_\_\_\_\_