

## SAFETY ORIENTATION CHECKLIST

<b>Student Name:</b>	
<b>Organization Name:</b>	
<b>COMPLETE DURING ORIENTATION</b>	✓
Name and contact information for 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: <ul style="list-style-type: none"> <li>▪ Names of staff responsible for first aid</li> <li>▪ How to record first aid treatment</li> </ul>	
Procedures for reporting accidents and injuries	
Workplace Hazardous Materials Information System (WHMIS)	
Workplace policies and procedures on, but not limited to: <ul style="list-style-type: none"> <li>▪ Workplace Harassment</li> <li>▪ Violence prevention</li> <li>▪ Working in isolation</li> <li>▪ Smoking/Drinking/Substance abuse</li> </ul>	
Location of other important information <ul style="list-style-type: none"> <li>▪ Materials Safety Data Sheet (MSDS)</li> <li>▪ Joint Health &amp; Safety Committee Minutes</li> <li>▪ Instructions for safe operation of each piece of equipment (if applicable)</li> <li>▪ Important telephone numbers</li> <li>▪ Health &amp; safety bulletin board</li> </ul>	
<ul style="list-style-type: none"> <li>▪ <i>Other hazards covered during orientation should be documented and attached on an additional sheet.</i></li> <li>▪ <i>One Checklist may be used to document group student orientation sessions, however an additional sign-in sheet including student names and signatures must be attached to the Checklist.</i></li> </ul>	
Supervisor Name	Signature
Student Signature	Date

Please return to Work Study Co-ordinator at [wkstudy@queensu.ca](mailto:wkstudy@queensu.ca) within one week of student starting work.