**<< FARM NAME >> NEW WORKER ORIENTATION CHECKLIST**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Orientation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| A. | INTRODUCTION | F. | HEALTH & SAFETY HAZARDS |
|  | 1. Farm Health and Safety Policy |  | 1. Safety Hazards on the Farm – Machine/Energy/Material Handling/Work Practices |
|  | 2. Roles & Responsibilities |  | 2. Health Hazards on the Farm – Chemical/Physical/Ergonomic/Biological |
| B. | OCCUPATIONAL HEALTH & SAFETY ACT & REGULATIONS |  | 3. Risk Assessment |
|  | 1. Duties & Responsibilities |  | 4. Reporting Hazards |
|  | 2. Right to Refuse Unsafe Work |  | 5. Farm Worksite Inspections |
|  | 3. Right to Participate | G. | HEALTH & SAFETY HAZARD CONTROL |
|  | 4. Right to Know |  | 1. Elimination or Substitution |
|  | 5. Right to Grieve & Complain |  | 2. Engineering Controls |
|  | 6. Location of copies of OHS Legislation |  | 3. Administrative Controls –Safe Work Practices/Written Work Procedures |
|  | 7. OHS Information & Reports |  | 4. Personal Protective Equipment – Hearing & Foot Protection/Safety Glasses/Respirators/Fall Protection |
|  | 8. OHS Compliance & Stop Work Orders | H. | TRAINING & COMMUNICATION |
|  | 9. Work Refusal Procedures |  | 1. Safety Orientations |
| C. | FARM RULES |  | 2. Safety Meetings |
|  | 1. Disciplinary Action |  | 3. Formal Training – First Aid/WHMIS/Fall Protection/Forklift/Confined Space/Chainsaw |
|  | 2. Farm Rules | I. | INVESTIGATIONS & REPORTING |
|  | 3. Workplace Violence & Harassment |  | 1. Reporting Incidents on the Farm |
|  | 4. Fitness for Duty & Substance Abuse |  | 2. Incidents to Report to OHS – Fatality/Serious Injury/Serious Incident |
| D. | HEALTH & SAFETY COMMITTEE/REPRESENTATIVE | J. | EMERGENCY PREPAREDNESS |
|  | 1. Membership or Representation |  | 1. Emergency Phone Numbers |
|  | 2. Participation |  | 2. Evacuation Procedures |
|  | 3. Worker Concerns |  | 3. Fire Extinguishers |
|  | 4. Meetings & Meeting Minutes |  | 4. First Aid Kits & First Aid Records |
| E. | COVID-19 PROCEDURES |  | 5. First Aid Trained Workers |
|  | 1. COVID-19 Communication Checklist |  | 6. First Aid Remote Location Plan |

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

 Worker Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_