

**To be completed by office staff or team leader BEFORE start of work.**

<b>New Employee Name :</b>	
<b>Orientation Completed by:</b>	
<b>Date Completed:</b>	

Action to Complete	Initials
Employee Given New Employee Package	
Safety Policy & New employee package Reviewed in its entirety	
Copy of Signed Safety Policy forwarded to Office	
Copies of Certification cards forwarded to office	
Apprenticeship Contract Information – Photocopy (if applicable)	
Direct Deposit Information - VOID Cheque or Bank Authorization Form	
Originals of all New Employee Information forwarded to Office	

Items to Review	Initials
Skeates Contracting's Safety Policy, and request employee to read Safety Policy	
ESRTW Program.	
Use of P.P.E on site	
Daily Checking for Hazards on Site Procedures	
Orientation at Jobsite with Supervisor	
Participation or Completion of Tool Box Talks – Every week on Every job Housekeeping / Checklist Completion	
Accident Reporting & Emergency Procedures	
Review of Roles and Responsibilities	
Inspection of all Equipment before use & completion of Inspection tag	



**TRAINING INFORMATION**

Training and Certification	Date of Card	Initial
**WHMIS – must be updated yearly		
**Fall Arrest		
**Confined Spaces		
**Elevated Work Platform / Aerial Platform		
First Aid / CPR		
Forklift Training		
Power Actuated Tools		
Other:		
Other :		

**\*\* MANDATORY TRAINING REQUIRED\*\***

**PLEASE FORWARD A COPY OF ALL CERTIFICATE TO THE OFFICE**

**ORIENTATION SIGN OFF**

*I HAVE COMPLETED SKEATES CONTRACTING'S SAFETY ORIENTATION AND I UNDERSTAND ALL SAFETY RULES AS EXPLAINED TO ME. I AGREE TO ABIDE BY THE PROJECT SAFETY RULES AND THE DISCIPLINARY ACTIONS FOR NON-COMPLIANCE OF THESE RULES. I ALSO AGREE TO FULLY CO-OPERATE IN THE EARLY & SAFE RETURN TO WORK PROGRAM IF I AM INJURED IN THE WORKPLACE.*

DATE: \_\_\_\_\_ WORKER SIGNATURE: \_\_\_\_\_

**Skeates Contracting Inc.  
2010 Health & Safety Policy Review**

**Employee Name (print)** \_\_\_\_\_

**I have reviewed and fully understand the contents of Skeates Contracting's 2010 Health & Safety Policy.**

**I understand and will comply with the following as per Skeates Contracting's Health & Safety Policy and the Occupational Health & Safety Act and Regulations for Construction Projects:**

- **WHMIS Early and Safe Return to Work Policy**
- **Required Safety Training – Fall Arrest, Confined Spaces, WHMIS, Aerial Platform Certification**
- **Participation in weekly tool box safety talks**
- **Report any health and safety violations**
- **Accident Reporting Procedures**
- **Emergency Procedures**
- **Employee and Employer roles and responsibilities**
- **Personal Protective Equipment**
- **Tool Handling and Storage**
- **Job Hazards / Procedures**
- **Housekeeping & Cleanliness on Jobsites**
- **Employee Roles and Responsibilities**

**Signature**

\_\_\_\_\_

**Date**

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