## 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, Principal and/or Supervisor's name and contact 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) | SEPTEMBER STAFF MEETING |  |  |
| 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. | SEPTEMBER STAFF MEETING |  |  |
| Contents of Workplace Health and Safety program (if $\mathbf{2 0}$ or more employees) |  |  |  |
| Ex: Safety and health policy, hazard identification, inspection schedule, training plan, etc. | SEPTEMBER STAFF MEETING |  |  |


| Topic | Initials (Trainer) | Initials (Employee) | Comments |
| :---: | :---: | :---: | :---: |
| 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, AED'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 | OCTOBER STAFF MEETING |  |  |
| What to do in an emergency situation |  |  |  |
| Emergency contact (numbers) |  |  |  |
| Workplace Safety and Health/Accessibility Standards |  |  |  |
| Familiarize the new employee with assistive  <br> devices within the school, and student  <br> specific adapted education plans JANUARY STAFF MEETING <br> Examples: FM systems  <br> JAN  | JANUARY STAFF MEETING |  |  |
| View the video regarding Accessibility and Customer Service Standards entitled "Accessibility is good for Everyone" AP:226 <br> SEPTEMBER STAFF MEETING https://accessibilitymb.ca/onlinetraining.html |  |  |  |
| Review Customer Services Standards AP:215 | SEPTEMBER STAFF MEETING |  |  |
| Review Employment Standards AP: 228 | APRIL STAFF MEETING |  |  |
| Review SVSD Notice of Accessibility Issue Form |  |  |  |


| Topic | Initials (Trainer) | Initials (Employee) | Comments |
| :---: | :---: | :---: | :---: |
| Hazardous materials and WHMIS training (workplace and product specific) |  |  |  |
| Purpose and significance of hazard information on product labels | WHMIS training to be completed this school year |  |  |
| Location, purpose and significance of safety data sheets (SDS) |  |  |  |
| 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) |  |  |  |

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

Employee Signature $\qquad$ Date: $\qquad$ 120 $\qquad$
$\qquad$ Date: $\qquad$ 120 $\qquad$

