**INSTRUCTIONS TO SUPERVISORS**:

* **Amend** red text in this check list to meet the specific needs of your workplace (delete this note).
* Completechecklist with **all new and reassigned employees**.
* Completed checklist to be kept in employee training file at the workplace or within the department.

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name: |  | Employee ID#: |  |
| Position Title: |  |
| Department / Agency: |  |
| Employee start date: |  |  |  |
| Supervisor Name: |  |  |  |

| **Topic** | **Date to Complete** | **Trainer initials** | **Employee initials** | **Comments** |
| --- | --- | --- | --- | --- |
| 1. **Workers’ rights**
	* Right to know about workplace hazards;
	* Right to participate in workplace health and safety; and
	* Right to refuse unsafe work.
 | First day |  |  |  |
| 1. **Workers’ responsibilities**
	* Follow safe work procedures/practices;
	* Report all incidents as soon as possible;
	* Ask for training if there are gaps in your health and safety training;
	* Ask questions if you don’t understand the instructions.
 | First day |  |  | Training needed?*i.e., WHMIS, Supervisor Safety, etc.* |
| 1. **First aid**
2. Location(s) of first aid kit(s)
3. First aider name(s) and contact information
 | First day |  |  |  |
| 1. **GNWT health and safety policies and guidelines**

Polices ([www.hr.gov.nt.ca/policy/](http://www.hr.gov.nt.ca/policy/))* + Harassment Free and Respectful Workplace Policy and Guidelines;
	+ Duty to Accommodate Injury and Disability Policy and Guidelines

Guidelines – see Human Resources Manual, section 1500 (<http://www.hr.gov.nt.ca/policy>)* + Occupational health and safety guidelines
	+ Protective Clothing and Safety Equipment
 | First week |  |  |  |
| 1. **Emergency procedures**
* Review evacuation plan
* Locations of emergency exits and meeting points
* Name of floor warden(s) and contact information
* Locations of fire extinguishers and fire alarms
 | First day |  |  |  |
| 1. **Incident reporting process**

Review workplace injury and department/agency incident reporting process:* Get first aid immediately, if needed;
* As soon as possible (ideally before the end of your shift), tell your supervisor about the incident;
* Complete the WSCC claim form: Worker’s Report of Injury and submit it through Connect.
 | First week |  |  |  |
| 1. **Health and safety issue resolution**
	* Discuss hazard recognition and types of hazards.
	* Discuss Hazard Identification Form
	* Contact information for the occupational health and safety committee members or health and safety representative.
 | First week |  |  |  |
| 1. **Safety meetings**
	* Frequency and location of meetings
	* Expectations for attendance and participation
 | First week |  |  |  |
| 1. **Personal protective equipment (PPE) – what to use, when to use it and where to find it**
 | First week |  |  |  |
| 1. **Safe Work Procedures**

i.e., WHMIS, Ergonomics, safe clean up of spills, etc.• \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_• \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | First 30 days |  |  |  |
| 1. **Known workplace hazards and how to deal with them**
	* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | First 30 days |  |  |  |
| 1. **Known job hazards and how to deal with them**
	* *Working alone or in isolation*
	* *Working with the public; potential violence*
	* *Working in thermal conditions (extreme cold/hot)*
 | First 30 days |  |  |  |
| 1. **Incident Investigations**
* Review purpose of investigations and how they are conducted.
 | Review at Safety Meeting |  |  |  |
| 1. **Workplace inspections**
* Employee’s responsibilities as they relate to conducting workplace inspections
 | Review at Safety Meeting |  |  |  |
| 1. **Supervisors Only**
	* Supervisor Safety Course
 | 6 months |  |  |  |