**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 to WSCC. Retain a copy for your records; | 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 |  |  |  |