New and Young Worker
Awareness and Training
1-hour Workshop



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New and Young Workers

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For further information please contact:

Workplace Safety North 690 McKeown Avenue, P.O Box 2050 Station Main North Bay, Ontario P1B 9P1 Toll free: 1-888-730-7821 (Ontario) Fax: 705-472-5800 www.workplacesafetynorth.ca

WE RESPECT YOUR PRIVACY

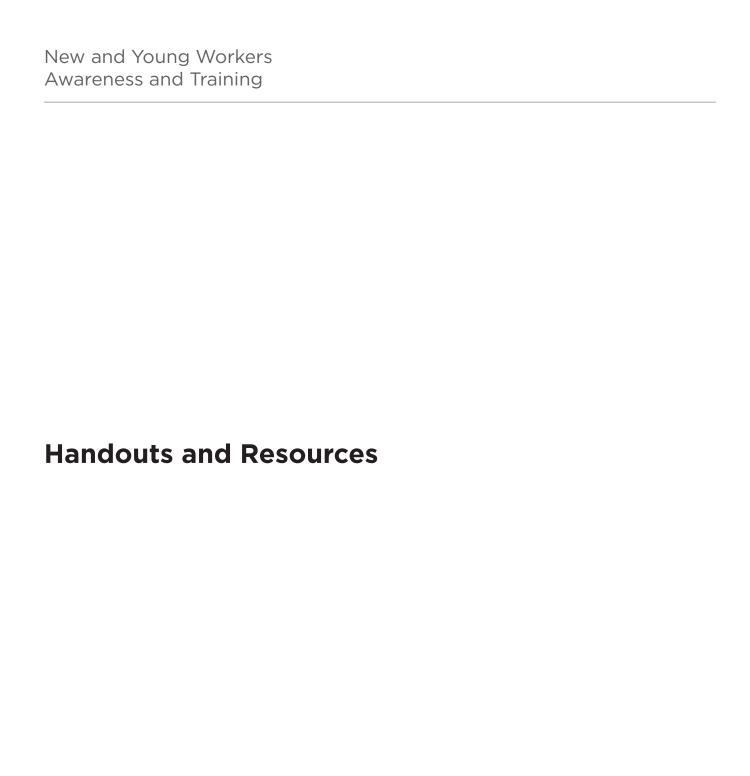
WSN values our clients and thanks you for your confidence in using WSN for your training, products and services. As our client, you trust us with your personal information. We respect that trust and want you to be aware of our commitment to protect the information you share in the course of doing business with us. For more information, contact us at the toll-free number above.

OUR COMPLAINTS POLICY

WSN's policy on corporate and social responsibility holds every employee to a consistently high standard of integrity, and honest and ethical business practices. If you have a complaint regarding any aspect of our operations, programs, products or services, we want to know about it. WSN commits to handling complaints from clients in a timely, effective, fair and consistent manner. Within 24 hours the complaint will be acknowledged by email or telephone, and we will attempt to solve the complaint to the satisfaction of the client. We will ensure that the results of our reviews are communicated effectively.

Complaints should be addressed to complaints@workplacesafetynorth.ca or (toll free) 1-888-730-7821, ext. 259.

In some cases, the nature of the complaint will require a management review and may require more than 24 hours to be dealt with fairly and effectively. The client will nevertheless be contacted by WSN within 24 hours of receipt of the complaint.



RED DOOR ESCAPE ROOM	CE BR	REAK		NGO
HAS A BIRTHDAY THIS MONTH	HAS TRAVELED OUTSIDE THE COUNTRY	CAN PLAY AN INSTRUMENT	HAS A TATTOO	CAN SPEAK A FOREIGN LANGUAGE
IS AN ONLY CHILD	IS A LEFTY	ACTUALLY FLOSSES THEIR TEETH EVERYDAY	HAS A FOOD ALLERGY	PLAYED ON A SCHOOL SPORTS TEAM
WATCHES REALITY TELEVISION	RAN A MARATHON	FREE	HAD BRACES	HAS BROKEN A BONE
HAS LIVED IN ANOTHER STATE/COUNTRY	HATES MATH	LOVES TO SING KARAOKE	HAS MET A CELEBRITY	HAS NEVER SEEN A STAR WARS FILM
HAS A PET	CAN TOUCH THEIR TOES	HAS A FACEBOOK ACCOUNT	DISLIKES CHOCOLATE	MADE A NEW YEAR'S RESOLUTION AND KEPT IT

New and Young Worker Checklist

What you need from orientation

Questions to ask as a New & Young Worker	Asked	Need to Ask
What is/are my specific job/task responsibilities? Essential Tasks Non-Essential Tasks		
What does a normal day in this job look like?		
Has anyone ever gotten hurt doing this job/task?		
Will I ever have to climb or work at heights?		
Will I have to lift and carry heavy objects?		
Will I have to go into any confined spaces?		
What kind of training and instructions am I going to receive to make sure I am safe?		
What kind of protective equipment are you going to give me to use, will there be training on how to use it, and if there is a problem with my PPE what is done about it?		
Will I be working with chemicals? Will you be giving me training on how to use, handle, store, dispose of them to keep myself and my coworkers safe?		
What happens if I am not feeling well, or I am tired at work?		
As my supervisor, how do I get a hold of you, and where do you work?		
As my supervisor, will you provide me with on-the-job feedback?		
Can I report safety concerns to you as my supervisor?		
What do I do if I or my co-worker gets injured at work?		
If I get hurt at home and can't come into work, what do I have to do?		
Do I know what my rights are?		
Will I have co-workers that will be comfortable with me asking them for help?		
How will you tell me about Health and Safety information? (email, boards, talks, etc.)		
If I don't feel comfortable doing something, who would you talk to about it?		
Who is the Health and Safety Representative/Joint Health and Safety Committee Members?		
Will you show me how to operate the equipment safely until I feel comfortable?		

New and Young Worker Checklist (cont'd)

Orientation Checklist

Worker:		
Position and/or Tasks:		
Trainer:		
Date of Hire	Date of Orientation	

Topic		Trainer (initials)	Worker (initials)	Comments
1.	Supervisor: Telephone #:			
2.	Procedures have been explained for the following; a. Time Cards / Hours of Work / Rest & Break policy / Call-in procedures when absent b. Work Permits c. Overtime d. Personal Use of Electronic Devices e. Vacation / Sick Time f. Disciplinary Policy			
3.	Mandatory Health & Safety Awareness Training			
4.	Health and Safety Policy Statement including the rights and responsibilities of workplace parties a) General duties of employers, workers, and supervisors b) Worker right to refuse unsafe work and procedure for doing so c) Worker responsibility to report hazards and procedure for doing so			
5.	Workplace health and safety rules a) b) c) d)			
6.	Known hazards and how to deal with them			

	a) b) c) d)		
7	7. Safe work procedures for carrying out tasks a) b) c) d)		
8	8. Procedures for working alone or in isolation		
Ç	Measures to reduce the risk of violence in the workplace and procedures for dealing with violent situations		
1	 10. Personal protective equipment (PPE) — what to use, when to use it, and where to find it a) b) c) d) 		
1	11. First aid(a) First aid attendant name and contact information(b) Locations of first aid kits and eye wash facilities(c) How to report an illness, injury, or other accident (including near misses)		
1	 12. Emergency procedures (a) Locations of emergency exits and meeting points (b) Locations of fire extinguishers and fire alarms (c) How to use fire extinguishers (d) What to do in an emergency situation 		
1	 13. Hazardous materials and WHMIS (a) What hazardous materials are in the workplace? (b) Purpose and significance of hazard information on product labels (c) Location, purpose and significance of material safety data sheets (MSDSs) (d) How to handle, use, store and dispose of hazardous 		
	materials safely (e) Procedures for an emergency involving hazardous materials, including clean-up of spills		

Worker Orientation Checklist page 1 of 2

Orientation Review		
	Have	Need
Has the employer provided an Orientation that is;		
- Instructional		
- Hands On		
- Specific to the role and tasks to be performed		
 Covering specific topics and hazards such as Struck By, Overexertion, and Caught in or Compressed by Objects or Equipment? 		
Have gone on a tour of the facility/jobsite to familiarize yourself with your workspace?		
Have been introduced to all the members of your crew/shift including the supervisor?		
Have you been provided with a Peer Job Shadow or Mentor and has the supervisor or employer informed you of what this mentorship will consist of?		
Are you visually identifiable in your workplace as new to the position in some way?		
Have you discussed any concerns with your Mentor or Supervisor regarding your position? If yes; What?		
Have you discussed with your employer and supervisor any psychological vulnerabilities and support needs (i.e. anxiety or depression), physical limitations or medical conditions?		

Worker Acknowledgeme	ent		
I have received the above orientation and I understand my obligations to work in compliance with the company's health and safety program.		ompliance with the company's health and	
Worker Signature:		Date:	
Supervisor Signature:		Date:	
Employer Signature:		Date	

The trainer and worker must initial each topic once the topic has been covered and/or demonstrated. Any feedback or comments are to be placed in the comment's column. If the topic is irrelevant, mark "N/A" in the comment's column.

Congratulations! You have completed your Orientation, but orientation is not training, it is an overview and introduction to the workplace. Now we move onto Training you to be successful in your position. Training will be specific to the workplace and will be an ongoing process, not just a one-time deal.

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What happens if I am not feeling well, or I am tired at work?		
As my supervisor, how do I get a hold of you, and where do you work?		
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Do I know what my rights are?		
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How will you tell me about Health and Safety information? (email, boards, talks, etc.)		
If I don't feel comfortable doing something, who would you talk to about it?		
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5.	Workplace health and safety rules			
	a)			
	b)			
	c)			
	d)			
6.	Known hazards and how to deal with them			

a)	
b)	
c)	
7. Safe work procedures for carrying out tasks	
a)	
b)	
c)	
d)	
8. Procedures for working alone or in isolation	
Measures to reduce the risk of violence in the workplace and procedures for dealing with violent situations	
 Personal protective equipment (PPE) — what to use, whe to use it, and where to find it 	n
a)	
b)	
c)	
d)	
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(a) First aid attendant name and contact information	
(b) Locations of first aid kits and eye wash facilities	
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12. Emergency procedures	
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(b) Locations of fire extinguishers and fire alarms	
(c) How to use fire extinguishers	
(d) What to do in an emergency situation	
13. Hazardous materials and WHMIS	
(a) What hazardous materials are in the workplace?	
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