

WORKPLACE ORIENTATION / HEALTH & SAFETY ASSIGNMENT

Name : _____

Due Date: _____

1. What is your supervisor's name? _____

2. Who will sign your time sheets each week? _____

3. Who should you contact if you are ill? _____

4. What is his/her phone number? _____

5. What health and safety rules or policies should I know about to do my job safely?

6. What should I do if I am injured at the workplace?

7. Identify at least 3 potential hazards at this workplace? (e.g. noise, chemicals etc). What safety equipment and/or precautions are required to prevent injury from these hazards?

HAZARDS	PRECAUTIONS REQUIRED
1.	
2.	
3.	

8. Will I receive a safety orientation from the placement?

- Yes
- No
- N/A

Describe the orientation:

9 a. Am I required to wear safety equipment?

- Yes
- No
- N/A

b. If yes, please check (x) the required equipment, i.e. Helmet, Safety goggles, Hard Toed Boots and explain

() Head: _____ () Feet: _____

() Hands: _____ () Ears: _____

() Eyes: _____ () Mouth: _____

() Body/Apron/Coat: _____

c. Identify any safety equipment that will have to be provided by the student.

10. Describe any emergency procedures which might pertain to your workplace.

11. Where are the following pieces of emergency equipment located?

Fire extinguishers: _____

Eye wash stations: _____

First aid kit: _____

12. Describe the dress code at your work site:

