



# New & Young Worker Orientation

## *Sawmill Industry*



EMPLOYEE NAME: \_\_\_\_\_

START DATE: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

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# INTRODUCTION TO BUSINESS

## ORGANIZATION LEADERSHIP

Manager Name	Position	Work Phone	Cell Phone

## OFF-SITE EMERGENCY PHONE NUMBERS

Agency	Location	Phone Number(s)
B.C. Ambulance Service		<b>911 or</b>
B.C. Hydro	Provincial	<b>1-888-769-3766</b>
North Okanagan Regional District		<b>250-545-6035</b>
Municipality of Coldstream		<b>250-545-2096</b>
Factory Mutual	Toronto	<b>1-800-955-3632 – phone 1-888-792-3632 - fax</b>
Ministry of Environment	Penticton	<b>1-877-356-2029</b>
Ministry of Environment (Provincial Emergency Program for Hazardous Materials and Oil Spills)	Provincial	<b>1-800-663-3456</b>
Fire Department		<b>911 or</b>
Poison Control Centre	Federal	<b>1-800-567-8911</b>
Royal Canadian Mounted Police		<b>911 or</b>
Telus	Provincial	<b>Dial 611</b>
Terasen Gas	Provincial	<b>1-800-663-9911</b>
WorkSafeBC	Provincial	<b>1-888-967-5377</b>

ORGANIZATION HISTORY

*To be completed by Organization*

## ORGANIZATION VALUES

*To be completed by Organization*

## JOINT HEALTH & SAFETY MEMBERS

### Management Representatives

Name	Location	Contact Number
Co-Chair:		

### Worker Representatives

Name	Location	Contact Number
Co-Chair:		

## EMPLOYEE SET-UP



## EMPLOYEE SET-UP

*To be completed by Organization.*

*Includes:*

- *Site Policies and Procedures*
- *Payroll and benefits sign up*
- *Employee Gear*
  - *PPE*
  - *Locks*
  - *Keys*
  - *Etc.*

## ORIENTATION QUIZZES

## PROGRESS QUIZ #1

Name: \_\_\_\_\_

Date: \_\_\_\_\_

1. List three typical reasons new and young workers are injured.


2. List two management responsibilities for employee Health & Safety.


3. True or False: minor injuries such as cuts and scrapes, do not need to be reported to first aid. (Circle one)

True

False

4. List two examples of safety communication.


## PROGRESS QUIZ #2

Name: \_\_\_\_\_

Date: \_\_\_\_\_

1. True or False: Mobile equipment always has the right of way. (Circle One)

True

False

2. Briefly describe the difference between a hard lock out and a soft lockout.

3. What are the three steps to working safely around confined spaces?

4. List two possible effects of fatigue.

5. What is not considered harassment in the workplace if delivered in a respectful manner?

### PROGRESS QUIZ #3

Name: \_\_\_\_\_

Date: \_\_\_\_\_

1. True or False: Hard hats are required at all times when an overhead hazard is present.

(Circle One)

True

False

2. Briefly describe how to correctly insert earplugs.

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3. What are the three potential effects of poor indoor air quality?


4. What are the three levels of controls when eliminating or reducing hazards?


## FINAL EMPLOYEE ORIENTATION QUIZ

Name: \_\_\_\_\_

Date: \_\_\_\_\_

1. What Personal Protective Equipment (PPE) are you required to wear on the Plant Site?


2. How can you tell which employees are First Aid Attendants?

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3. List the members of the Health & Safety Committee.

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4. Who is your Direct Supervisor and how do you contact them?

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5. List three key hazards on site and explain.

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6. When are you required to do a Lock-Out?

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7. What is Combustible Dust?

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8. What are the three Rights of Workers?

9. Where are the site Marshalling Stations?

10. What are you to do if the Emergency Warning Bell goes off?

## SITE TOUR

Main Office	_____
Parking Lot	_____
Stores/Purchasing	_____
Sawmill/Planer/Logyard	_____
Lockers	_____
Lunchrooms	_____
Washrooms	_____
Smoking Areas	_____
First Aid Room	_____
First Aid Attendants	_____
How to Call First Aid	_____
How to Report Injuries	_____
Supervisors' Office	_____
Maintenance Shop	_____
Fire Whistle	_____
All Other Whistles	_____
Fire Escape Routes/Muster Stations	_____
Who to Notify in Case of Fire (pull stations/extinguishers)	_____
Hazard Reporting Forms	_____
Lockout Demonstration	_____
Fall restraint gear and example	_____
Guarding examples	_____
Dust examples and clean up demonstration	_____
MCC Panels	_____
Confined Space examples	_____
Mobile Equipment and Pedestrian Interface examples	_____
Site specific hazards (show examples)	_____



## ORIENTATION CHECK LIST

Employee Name	Department	Orientation Date

Responsible	Topic	Organization Initials	Employee Initials
Payroll	Payroll Paperwork		
Human Resources	Welcome/Orientation Video		
	Welcome/Orientation Video Hours of Work Pay Rate/Pay Days Attendance Expectations Sick or Late Notice Call Board Vacation Scheduling Code of Conduct Discipline/Coaching Policy <b>Injury Management Program</b> <b>Respectful Workplace &amp; Violence in the Workplace Policy</b> <b>Drug &amp; Alcohol Policy</b> Parking Plastics Policy <b>Company Contact information for Supervisor, Safety Committee Members &amp; First Aid Attendants</b> Employee's Emergency Contacts		
	<b>Combustible Dust Training &amp; Quiz</b>		
	<b>WHMIS 1988 &amp; 2015 course &amp; quiz</b> (Both required until Dec 2018.)		
Supervisor (in office)	Issue PPE (hat, gloves, vest, eye, hearing protection, engraved locks) <b>Discussion &amp; demo on required use, fit, care &amp; replacement</b> <b>Discussion on Hearing Loss Prevention – effects of noise, fit &amp; care of hearing protection, annual hearing tests.</b> <b>Review of Basic Lockout Principles and use of locks</b>		
	<b>Corporate &amp; Divisional Safety Policies</b> <b>Contents of the OHS Program</b> <b>Rights and Responsibilities</b> <b>Right to Refuse Unsafe Work</b> <b>Responsibility to report hazards &amp; process to report.</b> Incident Reporting Requirements (near miss, property damage, fire, injury) <b>General Site Rules</b>		
	<b>Working Alone Policy</b> Required by OHSR may not be applicable)		
<b>Responsible</b>	<b>Topic</b>	<b>Organization</b>	<b>Employee Initials</b>

		Initials	
	<b>Review of STM, Lockout Procedures, SWPs &amp; Training &amp; Competency Record</b> Separate binder to stay with employee during training. Employee expected to review before starting on the job training.		
Supervisor/ Trainer (Site Tour)	Site Tour including: Main Office Sawmill, Planer, Logyard Lunch Room Lockers Washrooms Parking Areas Smoking Areas Supervisor Office Maintenance Shop Stores/Purchasing Location of the job and tasks that will be done.		
	<b>General Site Hazards</b> <b>Combustible Dust – show it/explain it</b> Traffic Safety – walkways, mobile equipment, crossing light use Lockout – basic demo & discussion on. energy sources, discipline, arc flash Guarding & Barriers Authorized Personnel Areas General Site Rules Cell Phone/Electronics Policy reiterated		
	<b>Emergency Response</b>		
	<b>First Aid</b> <b>Identify FA Attendants in work area</b> <b>Location of First Aid Room, Jump Kits, AED &amp; eyewash stations</b> <b>Report all injuries</b> <b>How to call first aid</b>		
	<b>Emergency Evacuations</b> <b>Alarm System</b> <b>Emergency Exit routes</b> <b>Muster Points</b>		
	<b>Fire</b> <b>Pull stations/ call for help &amp; extinguisher locations</b> <b>Use of a Fire Extinguisher (how &amp; when to use)</b>		
	<b>Workplace Violence</b> <b>Emergency Response – what to do</b> <b>Respectful Workplace – what it means</b>		
<b>Responsible</b>	<b>Topic</b>	<b>Organization</b>	<b>Employee Initials</b>

		Initials	
	<b>Hazardous Materials (WHMIS)</b> <b>Hazardous materials in the job/work area</b> <b>Product labels &amp; storage</b> <b>Location of MSDS sheets</b> <b>Safe handling, use, storage &amp; disposal of all products used/encountered</b> <b>Spill Emergencies &amp; Clean up, spill kit locations</b>		
Supervisor – final review	Reiterate what employee needs to know on their 1 <sup>st</sup> day of job training. Start time & parking location Walkway use How get to and from their work station PPE & Clothing required Who to contact when they arrive		

# TRAINING AND ONBOARDING SCHEDULE

SHIFT: 1	DATE:	TIME:
EMPLOYEE:		
TRAINER:		
LOCATION:		

SHIFT: 2	DATE:	TIME:
EMPLOYEE:		
TRAINER:		
LOCATION:		

SHIFT: 3	DATE:	TIME:
EMPLOYEE:		
TRAINER:		
LOCATION:		

SHIFT: 4	DATE:	TIME:
EMPLOYEE:		
TRAINER:		
LOCATION:		

SHIFT: 5	DATE:	TIME:
EMPLOYEE:		
TRAINER:		
LOCATION:		

SHIFT: 6	DATE:	TIME:
EMPLOYEE:		
TRAINER:		
LOCATION:		

SHIFT: 7	DATE:	TIME:
EMPLOYEE:		
TRAINER:		
LOCATION:		

SHIFT: 8	DATE:	TIME:
EMPLOYEE:		
TRAINER:		
LOCATION:		

SHIFT: 9	DATE:	TIME:
EMPLOYEE:		
TRAINER:		
LOCATION:		

SHIFT: 10	DATE:	TIME:
EMPLOYEE:		
TRAINER:		
LOCATION:		