



Employee Information

Last Name		First Name		Phone Number	
Department		Position		Supervisor	

DATE HIRED: _____

The following safety topics are to be reviewed with all new/young workers hired to Facilities Management (check only those boxes that apply):

OHSE Department requirements			
Review “UVic Health & Safety Orientation” (online and/or electronic)			<input type="checkbox"/>
As necessary, proceed to OHSE training website and register for courses as required:			
WHMIS for Non-Lab Workers *	<input type="checkbox"/>	Lab Safety for Non-Lab Workers*	<input type="checkbox"/>
Office Ergonomics (HR Dept)*	<input type="checkbox"/>	Bullying and Harassment *	<input type="checkbox"/>
Indicate required training provided by FMGT (arrange with EHS Coordinator):			
Confined Space *	<input type="checkbox"/>	Lock Out/Tag Out *	<input type="checkbox"/>
Care and Use of Respirators	<input type="checkbox"/>	Audiometric Testing	<input type="checkbox"/>
Fall Arrest/Working at Heights*	<input type="checkbox"/>	Mobile Equipment Operation	<input type="checkbox"/>
Asbestos Awareness *	<input type="checkbox"/>	Ergonomics – Manual Handling*	<input type="checkbox"/>
Gator Training *	<input type="checkbox"/>	Fire Extinguisher	<input type="checkbox"/>

NOTE: * - includes online component available through CourseSpaces

FMGT Department requirements

Introduction & Instruction	
Office & introduction of Environmental Health & Safety Coordinator	<input type="checkbox"/>
Show Safety Board outside EHS office or work area	<input type="checkbox"/>
Introduction to worker representative of Committee	<input type="checkbox"/>
Availability of Workers Compensation Act & OHS Regulation online (www.worksafebc.com)	<input type="checkbox"/>
Show local area First Aid kit, emergency eyewash, log for minor injuries	<input type="checkbox"/>
Indicate immunization availability—Tetanus/Hepatitis B, see EHS Coordinator if unsure for arrangement	<input type="checkbox"/>

Introduction & Instruction	
Emergency procedures (OHSE poster)	<input type="checkbox"/>
Show work area emergency exits, assembly points, fire extinguishers, fire alarms	<input type="checkbox"/>

FMGT Health & Safety Manual (also available on FMGT website)		
UVic Occupational Health and Safety Policy	(Tab 1)	<input type="checkbox"/>
Facilities Management Joint Health & Safety Committee	(Tab 2)	<input type="checkbox"/>
Reporting Incidents, Injuries or Hazards	(Tab 3,5)	<input type="checkbox"/>
WSBC Claims Forms	(Tab 4)	<input type="checkbox"/>
Right to Refuse Unsafe Work	(Tab 6)	<input type="checkbox"/>
Shop Safe Work Procedures & Risk Assessments	(Tab 9)	<input type="checkbox"/>
Working Alone Protocol	(Tab 11)	<input type="checkbox"/>
Violence Prevention Program	(Tab 12)	<input type="checkbox"/>
WHMIS Program	(Tab 13)	<input type="checkbox"/>
Employee Safety Program	(Tab 14)	<input type="checkbox"/>
Confined Space Program	(Tab 15)	<input type="checkbox"/>
Asbestos Management Program	(Tab 17)	<input type="checkbox"/>
Respirator Protection Program	(Tab 18)	<input type="checkbox"/>
Lock Out Program	(Tab 19)	<input type="checkbox"/>
Fall Protection Program	(Tab 20)	<input type="checkbox"/>
Personal Protective Equipment Program	(Tab 23)	<input type="checkbox"/>
MSI Prevention Program	(Tab 34)	<input type="checkbox"/>

Personal Protective Equipment—location, use, care & maintenance (check as required)			
Foot protection	<input type="checkbox"/>	Hand protection	<input type="checkbox"/>
Respiratory protection	<input type="checkbox"/>	Head protection	<input type="checkbox"/>
Fall arrest	<input type="checkbox"/>	Hearing protection	<input type="checkbox"/>

Employee's Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____

Manager's Signature: _____

Date: _____

Return this completed form to the EHS Coordinator within two weeks of hire.