

## New Worker Safety and Health Orientation Form

Company Name:	
Employer/supervisor:	
Date:	
<b>Initials</b> (student)	<b>Please initial beside each element appropriate to the specific internship duties.</b>
	I received information on the hazards specific to my job and learned how to protect myself from injury and illness.
	I know my legal workplace safety and health rights, including the right to refuse dangerous work.
	I know my legal roles and responsibilities as a worker.
	I am aware of and understand the workplace safety and health policies and rules at my workplace.
	My workplace has a joint safety and health committee or a safety and health representative. I have been introduced to the committee members and/or the representative.
	I received a safety and health orientation when I started my CDI.
	I received training on how to do my job safely and understand the specific safe work procedures for the tools, equipment, and materials I use in my job.
	I received training on the personal protective equipment I need to wear, and I learned how to use it properly.
	I received training on emergency procedures, including where the exits and first aid stations are located.
	I work with a WHMIS-controlled substance and received WHMIS training.
	I know where to find MSDS (material safety data sheet) information and review it before handling a WHMIS-controlled substance.
	I will look out for hazards and know how to report an unsafe condition or act.

CDI On-Site Supervisor's Signature: \_\_\_\_\_

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