



## OHS PROGRAM – NEW WORKER ORIENTATION

Form #: 03-13

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Rev. 0.2

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Worker Name:		Employer (who pays you):	
Orientation conducted by:		Date:	<div style="border: 1px solid black; width: 40px; height: 30px; display: inline-block;"></div>
Site orientated at:		Address:	Internal use only Check here only when form is complete
Phone Number we can reach you at:		<b>Emergency Contact</b>	
Occupation:		<b>Name</b>	
Direct Supervisors:	Phone #:	<b>Relationship</b>	
Training records – can you provide copies? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<b>Phone</b>	
<b>A young worker is anyone under 25 years old. Are you a young worker?    <input type="checkbox"/> Yes – stay after this orientation for additional info    <input type="checkbox"/> No</b>			
<p>Before and during your work with Lane Construction, you must meet, and comply with, all company and WorkSafeBC requirements. Review each section below, and <b>initial next to the applicable topic</b> indicating that you have reviewed, understood, and will follow all company rules and OHS Regulations. The items with an * will have continual competency observations completed throughout your time on our site.</p>			
<b>1- Confirm you understand our site policies on:</b>		<b>3- Some hazards you may be exposed to on site</b>	
Disciplinary Action Policy		Working near equipment	
Dealing with the public, 2-way radio etiquette		Working in proximity to high voltage power	
Traffic (city and WSBC) and Noise Bylaw		Operating equipment with overlapping work zones	
Alcohol, Drugs & Impairment (attached is a policy to be signed)		Rebar Protection and protruding objects	
Defective Equipment, Tools		*Ladder use / work platforms / Access & Egress	
Bullying, Harassment, Threats & Violence - how to report		*Working at heights	
Storage of Hazardous Materials		Scaffolding/Swing stage - Work in high-risk situations	
Working alone or in Isolation		Concrete Formwork / Placing Concrete / Fly Tables	
Compliance with OH&S Program		Confined Spaces	
*Falling Objects Prevention Program		Floor Openings	
Accident investigation and reporting		Electrical Safety / Proximity to Powerlines	
Safety Meetings/crew talks and Safety Committees		Stripping Formwork	
WHMIS		Loading / Unloading Vehicles / Cranes / Rigging	
*Fall Protection systems – guardrails, restraint, arrest, other		Lifting Materials by Hand	
Reviewing Safe Job Procedures and Safe Work Practices		Crane operations around site	
*Operating MEWPs (scissor lifts, boom lifts, etc.)		*Exposure to Silica Dust	
*Operating mobile equipment		Control Zones	
Providing proof of training		<b>4- Workplace safety rules and information</b>	
Specialized PPE Inspection		Disciplinary Policy	
Hot Work		Smoking / Vaping	
<b>2- Personal Protective Equipment (PPE)</b>		Site Offices & First Aid Room locations – how to report and injury	
Acceptable standards (CSA, ANSI)		Worker H&S Representative(s) and JOHS Committee	
Basic PPE (Hard Hat, boots)		Location of OHS Program & basics of what is in it	
Clothing (long pants, shirt with 6" sleeves)/ Reflective vest		Emergency medical/fire/evacuation procedures	
Safety Glasses/Goggles/ Face Protection (as required)		SDS location, purpose, and key info on SDS and spill clean up	
Hearing Protection (as required)		Red & Yellow Caution Tape and warning signage	
Respiratory Protection (as required)		Public Interaction Rules	



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Gloves (as required)	*Silica Processes (ECP Adherence)
Disposable Coveralls (as required)	Health Rules (Pandemics, infection control, etc.)
PPE fitting, Inspection & Replacement	Access/Escape route clear of obstructions and hazards
Follow manufacturer's instructions	When in doubt stop and ASK YOUR SUPERVISOR
Specialized PPE are required	Air horns and Fire extinguishers are located on every level
	Location of WSBC regulations

### 5- Your Rights, Responsibilities, Duties and Respect

Right to Refuse Unsafe Work, duty of your employer
Right to Know Workplace Hazards and Controls
Right to Participate in Health and Safety Activities
Right to be Supervised by a competent Supervisor, duty of a supervisor
Responsibility to Follow Site Safety Rules
Responsibility to participate in, follow and sign the Pre-Shift Hazard Assessment (FLRA/DHA/PSHA) as directed by your supervisor
Responsibility to only use equipment you're competent and authorized to use, and only as per Manufacturer's Instructions
Responsibility to report hazards to the CSO/Safety Coordinator or your Supervisor
Responsibility to clean up your mess as soon as possible and prior to end of every shift
Duty to correct unsafe Conditions and report all incidents and injuries – regardless of severity
Duty to control and correct any hazard you create without delay
Duty to work safe
Respect the workplace and your fellow workers by not damaging any structure with graffiti or vandalism
Respect the workplace by using the functioning washroom facilities

### 6- Additional Information and training

	My task does not need	Email or text proof	Provide proof now	I do not have
WHMIS training is required by regulation.				
Respirator fit tests				
Annual hearing tests				
Fall protection training?				
Confined space training?				
Mobile Equipment training?				

### 7- Medical Information (Optional) – kept confidential and only provided to EMS if needed

Do you suffer / have you ever suffered from any form of heart or lung condition?	<input type="checkbox"/> No <input type="checkbox"/> Yes: _____
Do you have any known allergies to food or drugs?	<input type="checkbox"/> No <input type="checkbox"/> Yes: _____
Do you suffer / have you ever suffered any chronic condition that could affect First Aid?	<input type="checkbox"/> No <input type="checkbox"/> Yes: _____
Are you currently being prescribed any medication (please list)?	<input type="checkbox"/> No <input type="checkbox"/> Yes: _____

### 8- Worker Acknowledgment

I acknowledge that I will follow the above information. I understand my responsibilities for my health and safety on site. I also agree to participating in my Employer's Injury Management/Return to Work Program, and any other Health and Safety activities.	
Worker's name:	Signature:
Orientators name:	I have reviewed the above workers information and it is complete. Signature: