



OHS PROGRAM – WORKER ORIENTATION			
Form #: 03-13	Created : June 2025	Rev:---	1 of 3

Worker Name:		Employer (who pays you):	
Orientation conducted by:		Date:	
Project:		Address:	
Phone Number we can reach you at:		Emergency Contact	
Occupation:		Name	
Number of years of Experience:		Relationship	
Direct Supervisor:	Phone #:	Phone	
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			
Before and during your work on our site you must meet, and comply with, all company and WorkSafeBC requirements. Review each section below, and initial or check next to the applicable topic 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.			
1- Confirm you understand our site policies/rules and information on:		2- Some hazards you may be exposed to on site	
Disciplinary Action Policy		Working near equipment	
Dealing with the public, 2-way radio etiquette		Electrical Safety/Working in proximity to power lines/Trolley Lines	
Traffic (city and WSBC) and Noise Bylaw		*Operating MEWPs (scissor lifts, etc.) & Mobile Equipment	
Smoking / Vaping – designated areas only		Operating equipment with overlapping work zones	
Alcohol, Drugs & Impairment - how to report		*Ladder use / Work platforms / Access & Egress	
Bullying, Harassment, Threats & Violence - how to report		*Working at heights – Follow Fall Protection systems hierarchy	
Defective Equipment, Tools – what to do		*Falling Objects	
Working alone or in Isolation – Applicable requirements		Scaffolding/Swing stage/Bosun chair - Work in high-risk situations	
WSBC regulations, OHS Program, basics – Location & Review		Concrete & Stripping Formwork / Placing Concrete / Fly Tables	
Incidents - Investigation and reporting		Rebar Protection and protruding objects	
Safety Meetings/Toolbox, Safety Committees, Worker Rep		Confined Spaces	
Exclusion Zones (Red & Yellow Caution Tape and warning signage)		Floor Openings	
Air horns and Fire extinguishers – Location and Use		Loading & Unloading Vehicles / Cranes / Rigging	
Emergency medical/fire/evacuation procedures		Crane operations around site	
When in doubt stop and ASK YOUR SUPERVISOR		Manual lifting	
Other:		*Exposure to Silica Dust – Follow Exposure Control Plan	
Personal Protective Equipment (PPE)		Stress, Excessive Workload, mentally fit for work	
Acceptable standards (CSA, ANSI)		Hazardous Substances - SDS location, purpose, and key info on SDS and spill clean up	
Basic PPE (Hard Hat, Boots)		Hot Work Operations	
Clothing (long pants, shirt with 6" sleeves)/ Reflective vest		Communicable Diseases	
Safety Glasses/Goggles/ Face Protection (as required)		Other:	
Hearing Protection (as required)		3. Specific Task: Traffic Control (Attach the Traffic Control Layout being reviewed)	
Respiratory Protection (as required)		Approved Traffic Control Layout is reviewed and understood APPLICABLE? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gloves (as required)		Daily Hazard Assessment is completed prior to work	
Disposable Coveralls (as required)		Qualified Traffic Control Supervisor: Name and contact # is shared	
PPE fitting, Inspection & Replacement		TCP's with Safe standing location & escape route identified/reviewed	
Follow manufacturer's instructions		TCP's with appropriate PPE for the task	
Specialized PPE are required		If more than 2 TCP's on duty, the coordinator is assigned.	



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4- 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 & 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	
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	

5- 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?				
Other: _____				

6 - 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: _____

7- 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:	I, the Orientator, have reviewed the above workers information and it is complete. Signature: _____
Signature:	

If you are a Young Worker (under 25 years old), please continue on the following page.



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Young workers – especially new workers – are more at risk of being injured on the job. This review is required in addition to your new worker orientation that you have already taken.
Please initial/check the boxes below after they have been reviewed and you understand the information.

Your health and safety rights		You	
You have the right to know about hazards in the workplace		Must immediately report injuries to your supervisor and the Site Safety Coordinator	
You have the right to participate in health and safety activities in the workplace		Responsible to report any safety concerns	
You have the right to refuse unsafe work without being punished or fired		Responsible to not perform tasks that you are not trained to do	
Your employer		Must follow procedures and ask your supervisor when not sure	
Your employer is responsible to ensure the health and safety of all workers, both employees and other workers		Do everything reasonable to not create a hazard that could harm other workers	
Your employer is to remedy any workplace conditions that are hazardous and to ensure you are made aware of the hazards you may be exposed to		Must not engage in horseplay or similar conduct that may endanger the worker or any other person	
Your employer must establish safety policies and programs		Not harass or bully anyone on the site and report any conditions that may be considered harassment, violence, or bullying	
Your employer must provide you with PPE and ensure you use it		Cooperate with health and safety representatives and committees	
Your employer must provide you with information, instructions, training, and supervision		Training definition	
Your supervisor		You must be trained to perform hazardous tasks – training is both verbal and demonstration. Before trying a hazardous task, the first time, have your supervisor SHOW you how to do it. Then SHOW them that you can do it.	
Must ensure the health and safety of all workers under their direct supervision		Additional notes:	
Must be knowledgeable about (and comply with) the OHS provisions and those regulations applicable to the work being supervised			
Must ensure you are made aware of all known or reasonably foreseeable health or safety hazards in the area where they work			

Worker Acknowledgment

I acknowledge that I will follow the above information. I understand my responsibilities for my health and safety on site.

Worker's name: _____ Signature: _____

I, the Orientator, have reviewed the above workers information and it is complete.

Signature: _____



OHS PROGRAM – CONSENT TO UNDERGO DRUG TEST

Form #: 04-21

Created: June 2025

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This policy will be reviewed with the worker during Orientation. Each worker must sign this policy as condition of their employment.

Alcohol and Drug Testing

Consent to Undergo Drug Testing

Upon review of this policy all employees are requested to sign the Consent to Undergo Drug Testing form, authorizing management to request drug or alcohol testing where there is reasonable cause or in the event of an incident or near miss with the potential for causing serious injury/damage.

Reasonable cause

Testing for drugs and alcohol occurs when it is determined there is reasonable cause to suspect alcohol or drug use or possession in violation of the Policy. The decision to test will be made by a supervisor in conjunction with a second person (e.g. another supervisor or other individual) wherever practical.

The decision will be based on specific, personal observations such as, but not limited to:

- Observed use or evidence of use of a substance (e.g. smell of alcohol or cannabis)
- Erratic or atypical behavior of the employee
- Changes in the physical appearance of the employee
- Changes in behavior of the employee; and/or
- Changes in the speech patterns of the employee.

Supervisors must document the reasons for requiring a test as soon as possible through the *“Reasonable Suspicion Impaired Behaviour Observation Report”* form.

If driving a company vehicle or operating equipment and found impaired it is a Criminal Code offence, and local police should be contacted immediately.

Post-incident

Post-incident testing will be done after any significant accident/incident, or a near miss with potential for causing serious injury, where the cause may involve rule violation or employee judgement. This may be done under the direction of local police, WorkSafeBC or the company’s direction.

Treatment Programs

Our company recognizes the severity of substance abuse issues, especially when left untreated. The health of our employees and their families as well as workplace productivity and safety is important to our company and we encourage the use of our employee assistance program.

- **Self-Referral**

Workers are encouraged to seek assistance with personal problems. This is called self-referral and is always the preferred way to seek help.

If approached by a worker for help in overcoming a drug/alcohol problem, we will put the worker in contact with a medical practitioner who, if necessary, will make a referral to the appropriate agency.

- **Formal Offer of Assistance**

Denial of a problem is common for addictive illnesses. Where a worker denies they have a substance use disorder and if the illness is having an impact on workplace productivity and/or safety, the supervisor or manager may meet with the employee to discuss their concerns and offer *“formal assistance”* and put the worker in contact with a medical practitioner who, if necessary, will make a referral to the appropriate agency.

No person with a substance uses disorder will have either job security or promotional opportunities jeopardized for having requested diagnosis and treatment.



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Return to Work/Recurrence

The worker’s return to the worksite is always a supervisory decision. If the supervisor continues to have concerns or if there is no change in work patterns, management action must follow whether the employee has sought help or not. If deemed necessary by a medical practitioner or substance abuse professional, the worker will follow the return-to-work program under the guidance of a medical practitioner and/or company supervisor.

Employees returning to work following treatment will be monitored under this program and should there be suspicion of impairment the process will be repeated, and treatment may continue.

Where a worker continually relapses despite participating in our treatment programs, termination may be necessary to protect the health and safety of both that worker and others.

Refusal to Cooperate

Accommodation of a disability requires cooperation from all parties, while denial is a symptom of substance abuse issues, employees are expected to cooperate with the rehabilitation and return to work process. Where repeated attempts have been made to accommodate an employee and the employee refuses to cooperate with the process, progressive discipline is required, up to and including suspension or termination of employment.

MEDICAL CONSENT

I hereby consent and agree to give specimens of my urine to a medical facility or laboratory designated by my employer. These specimens shall be used to detect the presence of drugs in my body.

AUTHORIZATION TO RELEASE INFORMATION

I consent and authorize the medical facility/laboratory to release a statement regarding the positive or negative results of the tests performed on such specimens only to my employer and/or Union. I understand that I am considered to be a probationary employee until such time as my test results are received by my employer.

ACCIDENTS

In the event that I am directly or indirectly involved in work-related accidents, I consent and agree to give specimens of my urine for the purpose of testing for the presence of drugs in my body. The testing facility is authorized to release the results of such tests to my employer and Union.

I understand that my alteration of this consent form, refusal to consent to or cooperate fully with the collection of urine samples or my refusal to authorize the release of the results to my employer/Union constitutes insubordination and is grounds for termination.

My signature below acknowledges that I have read and agree to the foregoing statements and the consents given therein.

Witness Signature

Employee Signature

Witness Printed Name

Date

Notes: _____