

OCCUPATIONAL HEALTH AND SAFETY HEALTH AND SAFETY ORIENTATION

Revised June 2nd 2020

Issued May 3rd 2007

Does this employee have current WHMIS training?				
Area On	e: Front Offices, Sewing			
3. 4.	Complete start-up sheet (New Employees) Health and Safety Policy with sign off sheet. Return to work sign off sheet (Returning Employees) COVID 19 Policy review and Quiz Explanation of work arrival and screening measures - Use designated doors, temperature check, answer screening questions.			
Area Tw	o: Main Lunchroom, Washrooms			
2. 3. 4. 5. 6. 7. 8. 9. 10.	Time sheet location and explanation of missed codes Job Code Explanation MSDS Library Incident Log Main First Aid Station. Other locations shown on shop maps. Restricted Equipment Personal Protective Equipment Workplace Violence and Harassment Musculoskeletal Disorders Heat Stress Explanation of break procedures - use only assigned locations for breaks, physical distancing, sanitization procedures			
Area Th	ree: Shop Tour			
	Evacuation Procedure - Evacuation will be signalled by 3 short blasts of the air horn			
	Sign In sheet - All employees will sign in and out each day. This sheet is used to take head count in the event of an evacuation.			
3.	eyewash stations and first aid kits.			
	Machine Guarding - Guards are not to be removed and report if not in place. Under no circumstance will I use any tool or equipment that i am not completely familiar with.			
6.	Locations of sanitization stations. Workstations and tools are to be sanitized prior to use.			



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SHOP TOUR

Sewing and Soft Goods

- Bay 1 Welding and Small Paint Booth
- Bay 2 Paint, Electrics, Props and Offices
- Bay 3 Production Office, Purchasing, Carpentry
- Bay 4 Secondary Lunchroom, Large Paint Booth, CNC

Your Joint Health and Safety Committee (JHSC) members are

Sonya Maheux	Certified Management Co -Chair Certified Worker	
Shelly Sharpen Pat Fields	Certified Worker Co - Chair	
Michele Jones	Worker Rep - IATSE 828	
Tom Charlwood	Worker Rep - IATSE 129	
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Jennifer Nguyen	Worker Rep - Unaffiliated	
Employee name		
Signature		
Supervisor name		
Signature		
Date		