



Name of Worker _____
Please print name

Date _____

Company _____

Job Title _____

Job Site _____

1. Hazard identification and control is important to maintain a safe working environment. No <input type="checkbox"/> Yes <input type="checkbox"/>
2. Site safety is for Krawford Employees only No <input type="checkbox"/> Yes <input type="checkbox"/>
3. All injuries, regardless how minor, must be reported to your supervisor. No <input type="checkbox"/> Yes <input type="checkbox"/>
4. It is important to maintain good housekeeping in your work area. No <input type="checkbox"/> Yes <input type="checkbox"/>
5. You observe an unsafe condition on site. You should: <input type="checkbox"/> Wait for the weekly toolbox safety meeting to report it. <input type="checkbox"/> Report it immediately to your supervisor. <input type="checkbox"/> Let someone else notice/worry about it.
6. Personal protective equipment (hearing protection, eye protection, fall protection) should be worn whenever: (Check all that apply) <input type="checkbox"/> your supervisor advises you to wear it. <input type="checkbox"/> someone else is wearing it. <input type="checkbox"/> the potential for injury exists.
7. When you are working from heights at 3 meters or more, is fall protection equipment required? No <input type="checkbox"/> Yes <input type="checkbox"/>
8. Before operating equipment, you must provide proof of training to the site superintendent. No <input type="checkbox"/> Yes <input type="checkbox"/>



9. My company's safety program is the only one I need to follow:
No Yes

10. Personal Protective Equipment required on site at all times is: (Check all that apply)

- Steel Toe Boots (6"-8")
- Hard Hat
- Safety Glasses
- High Visibility Clothing
- Gloves
- Hearing Protection
- All the Above

Reviewed by: _____

Signature: _____

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This form is to be completed by all workers onsite. Place your initial beside each item as it is discussed during orientation. Please feel free to ask questions during the orientation if you are unclear.

TOPICS COVERED	
<ul style="list-style-type: none"> — Housekeeping — Smoking — Scope of Work — Known Hazards — Site Awareness — Emergency Procedures — Safety Program — HSE Policy — Environmental Policy 	<ul style="list-style-type: none"> — Violence and Harassment Policy — Drug and Alcohol Policy — Employer Responsibility — Worker Responsibility — Fit for Work/Duty Program — Worker Obligation to Refuse — Health, Safety and Environment meetings — Personal Protective Equipment — Field Level Risk Assessment — Near Miss/Incident reporting — Equipment Competency

Which of the following statements best describes you? (Please Check One)

- I have less than one year of industry experience
- I have more than one year’s industry experience and this is my first time working for Krawford
- I have more than one year’s industry experience and have worked with Krawford before

I understand the information outlined above. I will participate fully in all safety initiatives and programs and will adhere to Safe Work Practices and Procedures.

Employee Name: _____ Signature: _____

I have delivered this orientation as per the guidelines addressed in this manual and have ensured all paperwork is completed in its entirety.

Trainer Name: _____ Signature: _____

A copy of this document is to be retained on site for audit purposes and may be disposed of at the end of the project. The original of this document is to be sent to the Safety Department.



Contractor Company Name _____

Contractor Employee Name _____

Certificate Name	Certificate #	Expiry
CSTS		
WHMIS 2015/GHS		
First Aid		
Confined Space		
Powered Mobile Equipment (AWP/Forklift)		
Fall Protection		

Employee Signature	Date
Krawford Representative	Date
Printed Name of Krawford Representative	

*This form can be utilized if no company training record has been provided to Krawford Construction Inc.