

New Employee Safety Orientation Instructions

Welcome to Mohawk College. The New Employee Safety Orientation has been developed to provide you with important information and resources regarding health and safety at the college.

All Mohawk College employees are required to receive safety orientation training and any other necessary job-specific training, to ensure you know how to work safely.

Safety Orientation training covers:

- Rights and responsibilities under the Occupational Health and Safety Act, Workplace Safety and Insurance Act and the associated regulations.
- Emergency procedures such as fire evacuation, lockdown, first aid and/or medical emergencies and accident/incident reporting.
- General workplace hazards.
- Workplace Hazardous Materials Information System (WHMIS).
- Workplace Violence and Harassment
- Health and safety resources available to you.

All training materials are available on the OHS website. Go to this URL:

<http://www.mohawkcollege.ca/Explore/jobs/currentjobopps/hrstaffservices/OHS/Training/newEmployees.html> and follow the on-line instructions to complete this training.

Upon successful completion of all training components review the *New Employee Safety Orientation Review Form* on the opposite side of this page with your supervisor. Submit it to the OHS Department, Room F125, within **three weeks** of your start date.

New Employee Safety Orientation Review Form

Review this form with your supervisor and submit it, and your completed Safety Orientation Test to the OHS Department, Room F125, within **three weeks** of your start date.

Please indicate that you have completed the training below by checking each box beside the task.

1. I have reviewed the New Employee Safety Orientation materials and completed the New Employee Orientation Test.

2. I have completed the relevant WHMIS modules (indicate Basic or Advanced) and printed my Certificate of Completion.
Basic WHMIS
Advanced WHMIS

3. I have completed the Workplace Violence and Harassment training and printed my Certificate of Completion.

4. I have reviewed the job-specific safety requirements for my job with my supervisor.

Employee Name: _____
(Please print and sign your name)

Supervisor's Name: _____
(Please print and sign your name)

Date: _____

Department / Campus: _____