

ATLANTIC PILOTAGE AUTHORITY OHS SYSTEM

NEW HIRE SAFETY ORIENTATION

Employee: _____ Hire Date: _____

TOPICS TO BE REVIEWED	COMPLETED ✓
FOR ALL EMPLOYEES	
OHS System manual: provide overview of format; discuss availability of copies	
Safety Policy: review & provide copy	
Intent & Application: review (with emphasis on overview of the Canada Labour Code Pt. II, the Internal Responsibility System and 3 primary rights)	
Distribution of Authority, Responsibility & Accountability: review	
Harassment & Violence Policy: review and provide copy	
Hazard Prevention Program Regulations: review pamphlet & provide copy	
Risk Assessment Program and Hazard Inventory: review	
Duty to report hazards: review use of Action Request Form and other methods	
Duty to report occurrences: review Investigation Program	
Safety Rules: review & provide copy	
Disciplinary guidelines: refer to respective collective agreement (if applicable)	
WHSC members & contact information: provide list of contacts	
First Aid trained? yes <input type="checkbox"/> no <input type="checkbox"/> or N/A <input type="checkbox"/> If "yes", attach proof of training	
Valid driver's license (if required to operate a motor vehicle on APA business) yes <input type="checkbox"/> no <input type="checkbox"/> or N/A <input type="checkbox"/> If "yes", attach copy	
FOR EMPLOYEES BASED AT COGSWELL TOWER	
Review Asbestos Management Program & provide fact sheet	
Review Emergency Preparedness & Response Program	
Review locations of first aid kits & fire extinguishers	
FOR LAUNCHMASTERS, DECKHANDS & PILOTS	
MSDS binders: provide overview of format; discuss availability of copies	
WHMIS trained? yes <input type="checkbox"/> no <input type="checkbox"/> or N/A <input type="checkbox"/> If "yes", attach proof of training	
Schedule Confined Space Entry Training for Launchmasters & Deckhands	
Review Hearing Conservation Program & issue muffs to F/T deckhands	
Provide copy of Information Handout – Hearing Protection	
Review PPE (Personal Protective Equipment) Program	
Introduce specific training guidelines (Launchmasters and Deckhands)	

Note: OHS Coordinator to schedule all required training

Trainer: _____ Date: _____

Employee: _____ Date: _____