# Vancouver Island West School District 84 **Orientation Checklist for New Employees**

Employee Name: \_\_\_\_\_ Date of Hire: Employee Position: \_\_\_\_\_ Worksite: \_\_\_\_\_

#### Instructions to Human Resources Department:

- Indicate completion of task by placing your initials in the box provided. a)
- Place one copy in personnel file and then forward the original form to the Supervisor/Designate for completion. b)
- c) Follow up with Supervisor to ensure timely completion of this Checklist.
- When all activities have been completed, the original copy is to be placed in the employee's personnel file, with a copy to the employee and a copy filed at d) the employee's worksite.

## Human Resources Documentation:

- Employee has provided written acceptance of job offer and has been provided with all necessary payroll and benefit plan information and forms including reimbursement for medical referrals (if applicable), criminal record check authorization, and immunizations.
- Employee has been provided with a copy of the Collective Agreement.
- П Employee has been provided the name of his/her immediate Supervisor.
- Request for Internet Access and Email set up has been sent to Computer Technician.
- Request for key and access code has been sent to the Operations Supervisor.
- $\Box$ Employee has been provided with necessary information pertaining to evaluation (VIWTU) or probationary period (CUPE). If not applicable, indicate here: \_\_\_\_\_\_
- Employee has received information on **on-line WHMIS training**.

Certificate Date

Date of Completion:

## **District Policies:**

The employee has been provided with a copy of the following:

- Board Policy B.4, Travel and Meals
- Board Policy B.12, Health and Safety
- П Board Policy B.13, Employees or Students Who Have the AIDS Virus
- $\Box$ Board Policy B.14, Rental Accommodations (if applicable)
- П Board Policy B.15, Collection, Protection of and Access to Personal Information of Private Individuals
- Board Policy B.22, Safety of Board Personnel and Trustees When Travelling Within the District (if applicable)
- Board Policy B.27, Kyuquot Truck and Boat Policy and Regulation (for new Kyuquot School employees only)
- $\Box$ Board Policy B.28, Emergency Preparedness
- Board Policy D.1, Complaints Regarding Employees
- Board Policy D.10, Harassment
- Board Policy D.13, Violence in the Workplace
- Board Policy E.5, Child Abuse
- Board Policy E.31, Acceptable Use of Computer Network and Internet
- Board Policy E.38, Staff and Students at Risk of Anaphylaxis in Schools (check title)

## The above policies have been reviewed with the employee:

Employee's Name:

Date:

Employee's Signature: Supervisor or Designate's Signature:

#### Directions for Worksite Supervisor or Designate, within one week of employee's hire:

- a) Coordinate the completion of each of the tasks indicated on this checklist.
- b) Indicate completion of task by placing your or designate's initials in the box provided.
- c) When all activities have been completed, the Worksite Supervisor or Designate and employee are to sign the form as verification that the required orientation took place.
- d) Return original copy to District Office and retain one copy at your worksite.

Торіс	Initials (Trainer)	Initials (Worker)	Comments
Introduction and welcome:			
<ul> <li>Employee has been shown the location of lunch and restroom facilities, and all building exits.</li> </ul>			
<ul> <li>Employee has been shown how to access e-mail and how to obtain computer assistance, when required.</li> </ul>			
<ul> <li>Employee has been shown the location of the District Policy Manual, District Health and Safety Manual, and the Workers' Compensation Act and Regulations.</li> </ul>			
The employee has been informed of the following:			
<ul> <li>Staff roles and responsibilities, including duty to report unsafe conditions, right to refuse unsafe work, and duty to report suspected child abuse and neglect</li> </ul>			
• Prohibition against discriminatory action.			
<ul> <li>Name of worksite's Health and Safety rep and/or Health and Safety Committee members.</li> </ul>			
<ul> <li>Location of OH&amp;S bulletins, notices, minutes of meetings, and MSDS (material safety data sheets).</li> </ul>			
<ul> <li>Name of First Aid Attendant(s), how to summon first aid, location of First Aid room, eyewash facilities, and reporting of injuries and illnesses.</li> </ul>			
<ul> <li>Emergency procedures including evacuation and fire alarm drills and procedures, location of emergency exits and supplies including fire extinguisher(s).</li> </ul>			
<ul> <li>Intruder and lock-down procedures.</li> </ul>			
• Bomb threats and custody alerts.			
• Working alone or in isolation procedures.			

Торіс	Initials (Trainer)	Initials (Worker)	Comments		
<ul> <li>Measures to reduce the risk of violence in the workplace and procedures for dealing with violent situations; also reporting procedures for violent incidents.</li> </ul>					
<ul> <li>Hazards to which the worker may be exposed, including risks from robbery, assault, confrontation, or hazardous materials.</li> </ul>					
<ul> <li>Biohazardous Control Program – all procedures and expectations including Universal Precautions, reporting of contact with biohazardous materials and immunizations.</li> </ul>					
<ul> <li>Reporting procedures for accidents (including near misses).</li> </ul>					
<ul> <li>Driving District vehicles, if applicable, re booking process, emergency procedures, and familiarity with the vehicle.</li> </ul>					
<ul> <li>Personal protective equipment (PPE) – what to use, when to use it and where to find it .</li> </ul>					
<ul> <li>Leave of absence as a result of inclement weather; i.e. no pay unless the road was closed by the Highways Department or RCMP – or leave can be charged to personal business or vacation, if available.</li> </ul>					
<ul> <li>Instruction and demonstration of work tasks or work processes, specifically:</li> <li>(1)</li> <li>(2)</li> </ul>					
(3)					
(4)					
Mentor assigned: Name of Mentor:	1		School:		
Additional employee training is required, pertaining to: (please use additional paper, if necessary)					
Supervisor/Designate Signature:			_ Date:		
In addition to the above, I request further information and training on the following:					
Employee Signature:			Date:		