

SITE ORIENTATION CHECKLIST

PROJECT	DATE	ORIENTATION LEADER

WORKER NAME	TRADE / COMPANY	PHONE (EMERGENCY)

SITE-SPECIFIC INFORMATION

ITEM	Y	N	COMMENTS
Site address, gate access, and parking explained			
Site hours, working hours, and lunch/break areas identified			
Site map reviewed: work zones, no-go zones, equipment routes			
Sign-in / sign-out procedure demonstrated			

HAZARDS AND CONTROLS

ITEM	Y	N	COMMENTS
Site-specific hazards reviewed (overhead lines, traffic, slope, water, gas)			
Active excavations and exclusion zones identified			
Mobile equipment hazards and ground-worker protocols reviewed			
Adjacent operations and interface risks noted			
Environmental conditions (heat, cold, dust, noise) and controls discussed			

EMERGENCY RESPONSE

ITEM	Y	N	COMMENTS
Muster point location and route walked or pointed out			
Emergency contacts and site phone reviewed			
First aid, eyewash, and AED locations shown			
Fire extinguisher locations shown			
Spill kit location and basic response shown			

PPE AND PERSONAL CONDUCT

ITEM	Y	N	COMMENTS
Required PPE confirmed (CSA boots, hi-vis, hard hat, eye, gloves)			
Task-specific PPE (fall protection, respiratory, hearing) identified			
Drug, alcohol, and fit-for-duty policy reviewed			
Cell phone, radio, camera, smoking, and lighter policies reviewed			

REPORTING AND STOP WORK AUTHORITY

ITEM	Y	N	COMMENTS
Incident, injury, and near-miss reporting procedure explained			
Stop-work authority confirmed: worker understands the right and obligation			
Supervisor and chain of command identified			

By signing below, I confirm that the orientation was completed, my questions were answered, and I understand my responsibilities on this site.

SIGN-OFF

WORKER	
Name	
Signature	Date

ORIENTATION LEADER	
Name	
Signature	Date