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| Reason for Orientation | Covid-19 – Returning to Work |

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| Employee Name: |  | Employee Job Title: |  |
| Employee’s Manager: |  | Date of Return to Work: |  |
| Orientation Facilitator: |  | Date Orientation Completed: |  |

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| Topic | Method & Details | Facilitator Initial | Worker Initial |
| Re-fresher training in high risk work tasks and safety work procedures. |  |  |  |
| Training in new policy changes since absence. |  |  |  |
| Review new emergency evacuation procedures (i.e. if no longer able to congregate as a complete group for a head count or leave as a group, outbreak emergency actions, etc.) |  |  |  |
| Review any new company Covid-19 procedure changes such as grouping areas such as lunchroom, meeting rooms, reopening restrictions and other cleaning procedural changes. |  |  |  |
| Operating schedule changes as per operating restrictions and worker schedule and hour changes (as applicable). |  |  |  |
| Train in new Covid-19 hazards which the worker may be exposed to and control measures to be undertaken to protect worker |  |  |  |
| Training in Covid-19 Safe Work Procedures and worker responsibilities in protecting self and others. |  |  |  |

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| Review responsibilities for reporting unsafe conditions or concerns at the workplace including customer, visitor, contractor and worker noncompliance with Covid-19 restrictions or recommended safety measures. |  |  |  |
| Procedures for exercising the right to refuse dangerous work in relation to Covid-19 hazards. |  |  |  |
| Contact information for committee and any contact changes that occurred since absence |  |  |  |
| Location of personal protective equipment and supplies to protect against Covid-19 (sanitizers, gloves, masks, etc.). |  |  |  |
| Prohibited or restricted activities and area due to Covid-19 operating restrictions . |  |  |  |
| Review any accommodations with vulnerable workers if no longer able to accommodate due to Covid-19 restrictions. |  |  |  |
| Any new policies, programs, and safe work procedures relevant to the worker since absence.  Enter site specific policies, programs, safe work procedures here: |  |  |  |
| Any other matters that are necessary to ensure the safety and health of the worker  Enter site specific matters here: |  |  |  |

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| **Competency Evaluation Follow-up** | | | | |
| Date of Evaluation: | | | | Completed by: |
| Description | Yes | No | Unsure | Comments (mandatory if checked unsure): |
| Wears all required PPE consistently. |  |  |  |  |
| Follows safe work procedures and other reopening restrictions. |  |  |  |  |
| Asks questions when unsure of how to perform a task safely. |  |  |  |  |
| Practices good Covid-19 safe work practices such as hygiene, cleaning and keeping 2 metre distance with customers, visitors, contractors and other staff members. |  |  |  |  |
| Reports unsafe conditions or acts. |  |  |  |  |
| Plans to address areas requiring improvement: | | | | |
| Supervisor/Evaluator Signature: | | | | |
| Worker Signature: | | | | |
| Other Comments: | | | | |