

TOOL TYPE **CHECKLIST**

GEOGRAPHY **ALL**

SOURCE:

WORKSAFEBC

SUPERVISOR ORIENTATION CHECKLIST

BENEFITS

Supervisors play a critical role in ensuring the health and safety of workers. And they typically have specific duties under the OHS laws. So it's important that you train supervisors, especially when they first get such positions, on these duties and your expectations for them to ensure that they provide competent supervision. Just like you provide a safety orientation for new workers, you should similarly provide an orientation for new supervisors.

HOW TO USE THE TOOL

Adapt this checklist for your company, its OHS program, the hazards and equipment in your workplace, and any specific requirements or duties for supervisors in the OHS laws in your jurisdiction. The checklist, which was originally created for supervisors in healthcare, covers specific knowledge and abilities supervisors may need to protect their workers and fulfill their OHS duties. Your safety orientation for supervisors should, at a minimum, cover these areas.

OTHER RESOURCES:

WorkSafeBC's **[Supervisors Orientation Guide for Health Care](#)**

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SUPERVISOR ORIENTATION CHECKLIST

| | YES | NO | COMMENTS |
|--|-----|----|----------|
| General responsibilities: As a supervisor, you must be able to show that you: | | | |
| Can describe the hazards that your workers will be exposed to | | | |
| Know when and how to conduct an inspection of the worksite that you supervise | | | |
| Know what education and training, including orientation, is required for the workers you supervise | | | |
| Know the company's policy related to bullying and harassment | | | |
| Can describe what steps to take when a worker reports an unsafe condition | | | |
| Can describe the process when a worker refuses unsafe work | | | |
| Know how to respond to a report of a worker who's either impaired or behaving in an unsafe manner | | | |
| Know your role in informing the supervisors of workers on site who work for other employers (for example, contracted services) about practices that may affect their workers | | | |
| Musculoskeletal injury (MSI) prevention: You may need to be able to show that you can: | | | |
| Describe the risk of injury from moving people or materials | | | |
| Describe when and how to conduct an MSI risk assessment | | | |
| Demonstrate the proper selection of equipment to move people or materials | | | |
| Demonstrate the proper selection and use of slings | | | |
| Violence prevention: You may need to be able to show that you: | | | |
| Know when and how to conduct a violence risk assessment | | | |
| Can describe the practices used in your workplace to | | | |

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| | YES | NO | COMMENTS |
|---|-----|----|----------|
| reduce the risk of violence | | | |
| Can describe the method(s) by which information about a known risk of violence is communicated | | | |
| Response to incidents: You may need to be able to show that you: | | | |
| Know the plan to deal with emergencies in the workplace | | | |
| Can describe the expected response to incidents of violence | | | |
| Can describe what steps to take when a worker reports an injury | | | |
| Know where first aid services are located, how to access them and when they should be used | | | |
| Know how to seek assistance for workers if they experience an incident of violence | | | |
| Know the process for conducting an incident investigation | | | |
| Specialized issues: You may need to be able to show that you can: | | | |
| Describe the call-in process for workers who work alone and the process to follow if a check is missed | | | |
| Describe the procedures for work with hazardous products and know where to find information on such products (i.e., SDSs) | | | |
| Explain the company's policies related to driving | | | |
| List the locations and conditions under which workers can be exposed to ionizing radiation, and the means of monitoring and limiting their exposure | | | |
| Describe the areas where slips, trips, and falls are likely to occur and the methods of preventing them | | | |
| Describe how you would evaluate a worker's complaint | | | |

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| | YES | NO | COMMENTS |
|---|-----|----|----------|
| about indoor air quality | | | |
| Describe the tobacco use policy for the site, including the location of designated smoking areas | | | |
| Describe the cell phone and other electronic device use policy, including how it applies when driving | | | |

SUPERVISOR'S NAME: _____

DATE: _____

PERSON COMPLETING CHECKLIST: _____

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