

# PLATINUM

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## **SAFETY ORIENTATION WORKSHEET** **FOR EMPLOYEES OF PLATINUM PERSONNEL**

While on assignment, please report any and all safety issues first to your direct supervisor and then to Platinum Personnel as soon as it is safe to do so. If you call outside of office hours, please leave a message in the General Mailbox including a phone number where you can be reached.

Dates of Current Assignment: \_\_\_\_\_  
Current Assignment Company Name: \_\_\_\_\_  
Address of Current Assignment: \_\_\_\_\_  
Supervisor for Current Assignment: \_\_\_\_\_  
Contact Number for Supervisor: \_\_\_\_\_

### **Personal Protective Equipment:**

Is personal protective equipment required for this assignment? If so, please make sure you are shown how to properly use this protective equipment. It is your responsibility to use this equipment in a way that protects you and those around you.

### **Hazardous Materials**

Will you be handling dangerous materials during the course of this assignment?  
If so, ensure you have been properly instructed in the safe handling of these substances before you proceed.

### **First Aid/Reporting Injuries:**

Q: If an injury occurs, to whom and how should the event be reported?

A: \_\_\_\_\_

### **Location of First Aid Facilities:**

Q: Where are the First Aid Kit and other First Aid Equipment and Supplies kept?

A: \_\_\_\_\_

**First Aid Attendants:**

Q: Who are the First Aid Attendants and how can they be summoned?

A: \_\_\_\_\_

**Company Procedures:**

Q: Does the company for which you are temping have any special safety procedures?

A: \_\_\_\_\_

**Emergency Procedures:**

Q: What should you do in the event of an emergency?

A: \_\_\_\_\_

**Types of Emergencies:**

Q: What types of emergencies could occur at your place of work?

A: \_\_\_\_\_

**Exit Routes:**

Q: Based on where you will be working, where are the closest emergency exits and what are the evacuation routes?

A: \_\_\_\_\_

**Fire Extinguisher:**

Q: Where is/are the fire extinguisher(s) located?

A: \_\_\_\_\_

(Note: Do not use the fire extinguisher unless you have been trained to do so.)

**Working Alone or In Isolation:**

Q: Will you be working alone or in isolation? If so, what are the company's procedures and check-in system?

A: \_\_\_\_\_

**Calling 911**

Q: In the event of an emergency where you need to call 911, where is the nearest phone located?

A: \_\_\_\_\_

## **Rights & Responsibilities:**

**Hazard:** a thing or condition that may expose a person to a risk of injury or occupational disease

It is the supervisor's responsibility to explain the hazards to which a worker may be exposed (including risks from robbery, assault or confrontation) while it is the worker's responsibility to report all hazards and potential hazards to his/her supervisor.

## **Workers' responsibilities include:**

- Learning and following safe work procedures.
- Reporting hazards and/or injuries to the supervisor or employer immediately (and then calling Platinum Personnel to advise us of the situation).
- Participating in inspections and investigations when appropriate .
- Using personal protective equipment where required and in an appropriate way.
- Helping to create a safe workplace by recommending ways to improve the health and safety program.
- Perform work in a safe manner including choosing clothing that is appropriate for the assignment being undertaken.
- Not engaging in horseplay or working while impaired by alcohol, drugs or other causes.
- Seeking immediate medical attention when appropriate (and then calling Platinum Personnel to advise us of the situation).
- Refusing to do work that you have reasonable cause to believe would create an undue hazard to the health and safety of any person. In the event of the refusal to do unsafe work, please contact Platinum Personnel immediately.

## **Supervisors' responsibilities include:**

- Providing a health and safety orientation to new workers including instruction in the proper use of personal protective equipment where required.
- Train workers for all tasks assigned to them & check that their work is being done safely and providing ongoing training as required.
- Ensure that only authorized, adequately trained workers operate tools & equipment or use hazardous chemicals.
- Ensure that equipment & materials are properly handled, stored & maintained.
- Enforce health & safety requirements and correct unsafe acts & conditions.
- Reporting any safety or health hazards to management.

## **Employer's responsibilities include:**

- Providing a safe and healthy workplace including the provision of adequate first aid facilities & services and personal protective equipment where required.
- Ensure that workers are adequately trained.
- Keep written records of training (who, what, when).
- Establish & maintain a comprehensive occupational health & safety program.
- Support supervisors, safety coordinators, and workers in their health & safety activities.
- Take action immediately when made aware for a potentially hazardous situation.
- Initiate immediate investigation into incidents.

**THE FINAL WORD:**

**If you cannot perform the tasks or processes safely, *STOP!*  
*Request additional orientation, protective equipment  
and/or training before proceeding!***

THIS NOTICE IS TO BE POSTED BY THE EMPLOYER IN A CONSPICUOUS PLACE

# NOTICE TO WORKERS

## TO PREVENT INJURIES

- Comply with the Occupational Health and Safety Regulation
- Use all safety devices and required personal protective equipment
- Where conditions appear to be dangerous, notify your supervisor or employer, your health and safety committee representative, or the nearest WorkSafeBC office

## IF YOU ARE INJURED

- Get first aid immediately — even for slight injuries
- Notify your employer as soon as possible, giving particulars of all injuries sustained and full details of the cause
- If you require medical attention, you may choose your own physician, chiropractor, dentist, naturopathic physician, or podiatrist
- If you intend to change your physician or practitioner while on a claim, advise WorkSafeBC

## HOW TO CLAIM COMPENSATION

- Telling your employer and doctor that you were injured at work will help initiate your claim
- If you lose time from work beyond the day of injury, call WorkSafeBC's Teleclaim centre at 1 888 967-5377 and press 2

## FOR ASSISTANCE WITH YOUR CLAIM

- Please call the Claims Call Centre to speak to a client service representative at 604 231-8888, or toll-free at 1 888 967-5377
- More information is available online at [WorkSafeBC.com](http://WorkSafeBC.com)