

SAFETY ORIENTATION FOR THE NEW EMPLOYEE

Form #0664 Rev: 2024-01

Upon arrival, the employer must ensure the new employee receives the following safety orientation. It is the responsibility of the employer to ensure the following information is provided, explained and recorded.

Identify Location (check one):

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| <input type="checkbox"/> Coleson Cove | <input type="checkbox"/> HVDC | <input type="checkbox"/> Belledune | <input type="checkbox"/> Corporate Services | <input type="checkbox"/> Customer Service & Distribution |
| <input type="checkbox"/> Hydro | <input type="checkbox"/> Bayside | <input type="checkbox"/> Nuclear | <input type="checkbox"/> Transmission/System Operator | |

1. Roles and Responsibilities	<input type="checkbox"/> Discuss job responsibilities and supervisor's expectations <input type="checkbox"/> Review Corporate Safety Manual (CSM) <input type="checkbox"/> Review Sections 1 and 2 <input type="checkbox"/> Reporting of accidents and unsafe working conditions <input type="checkbox"/> Process for exercising their right to refuse unsafe work <input type="checkbox"/> Review all CSM sections that apply to the employee. <input type="checkbox"/> Have the employee complete the CSM questionnaire after the training. <input type="checkbox"/> Review Mandatory Training requirements with employee (contact your Department's Training Coordinator for assistance) <input type="checkbox"/> Review the Safety Commitment document signed by the IBEW and NB Power Executive <input type="checkbox"/> Review the Health and Safety Management System on the Corporate H&S Sharepoint Site (Hard Hat)
2. Procedures and Codes of Practice	<input type="checkbox"/> Outline the expectations for the employee and the employee's supervisor to adhere to all Total H&S standards . <input type="checkbox"/> Review where to find applicable work methods, standards, etc. <input type="checkbox"/> Review the H&S Incident Reporting process (E-form 145)
3. Code of Practice for Working Alone	<input type="checkbox"/> Review your department's Working Alone COP if applicable
4. Personal Protective Equipment (PPE)	<input type="checkbox"/> Review the required PPE for specific jobs, including the appropriate use, fitting, storage, inspection and maintenance.
5. First Aid	<input type="checkbox"/> Identify first aid providers, <input type="checkbox"/> Indicate areas for first aid kits or room and AED's, <input type="checkbox"/> Explain to employees how to summon first aid for themselves or for a co-worker. <input type="checkbox"/> Review allergy alerts in the employee's work location.
6. Emergency Procedures and Preparedness	<input type="checkbox"/> Review the company's emergency response: evacuation plan, including exit routes; evacuation signals and sirens; location of eyewash stations and showers, fire extinguishers, and fire alarm pull boxes; identify fire wardens(s); and identify exposures.
7. Workplace Hazardous Material Information System (WHMIS)	<input type="checkbox"/> Explain where hazardous materials and substances are located and review the labeling system, hazardous symbols and location and contents of the Safety Data Sheets (SDS). <input type="checkbox"/> Arrange for site-specific WHMIS training as soon as possible
8. Joint Health and Safety Committee (JHSC) or Safety Representative	<input type="checkbox"/> Identify the JHSC members or Safety Representatives (along with their contact information) and <input type="checkbox"/> Outline the JHSC's or Safety Representative's role in helping maintain a healthy and safe workplace.
ATTENTION: Generation & Nuclear	<input type="checkbox"/> Check this box if your "On-Site" Safety Orientation covers all of the above information.

- Please return this form to the Human Resources Department with attention to Careers & Resourcing, by e-mail (employment@nbpower.com) or internal mail (HO 6). This form will be stored in the employee's file.

By submitting this form, you are acknowledging the information was reviewed and you will comply with the safety standards.

Employee's Name: _____ Emp # _____ Signature _____ Date _____
Print

Supervisor's Name: _____ # Emp _____ Signature _____ Date _____