

# DGS CONSTRUCTION SITE SAFETY ORIENTATION SHEET

Company Name: \_\_\_\_\_

Date of Orientation \_\_\_\_\_

DGS Site Safety Coordinator: \_\_\_\_\_

Contractor Safety Coordinator: \_\_\_\_\_

Name: \_\_\_\_\_

Sign: \_\_\_\_\_

Check (✓) The Box Of Each Item After Reviewing Them During Your Orientation

## **CONTRACTOR SAFETY ORIENTATION INSTRUCTIONS AND REGULATION REQUIREMENTS**

- WorkSafe BC Safety Person Requirements
- DGS Site Safety Coordinator
- Contractor Qualified Safety Person Responsibilities

## **SPECIFIC SITE SAFETY INFORMATION**

- |   |  |
|---|--|
| <input type="checkbox"/> Site Safety Board            | <input type="checkbox"/> Emergency Numbers           |
| <input type="checkbox"/> Site Map                     | <input type="checkbox"/> Nearest Hospital            |
| <input type="checkbox"/> Site Evacuation Signal       | <input type="checkbox"/> Smoking Restrictions        |
| <input type="checkbox"/> Muster Station               | <input type="checkbox"/> Reporting Unsafe Conditions |
| <input type="checkbox"/> Fire / Emergency Access Area | <input type="checkbox"/> Site Safety Consultant      |
| <input type="checkbox"/> Fire Extinguishers           | <input type="checkbox"/> Disciplinary Action         |

## **FIRST AID & INCIDENT INFORMATION**

- |   |   |
|---|---|
| <input type="checkbox"/> First Aid Services                     | <input type="checkbox"/> Ambulance / Fire Department Escort |
| <input type="checkbox"/> Summoning First Aid Services           | <input type="checkbox"/> Mandatory Reporting Accidents      |
| <input type="checkbox"/> First Aid Station                      | <input type="checkbox"/> Disturbing An Accident Scene       |
| <input type="checkbox"/> Emergency Equipment                    | <input type="checkbox"/> Incident / Accident Investigations |
| <input type="checkbox"/> Calling For Emergency Assistance (911) | <input type="checkbox"/> Incident / Accident Report Forms   |

## **GENERAL SITE SAFETY RULES**

- |  |   |
|--|---|
| <input type="checkbox"/> Site Visitors                       | <input type="checkbox"/> Use Of Elevated Work Platforms (Lifts) |
| <input type="checkbox"/> Site Safety Policy                  | <input type="checkbox"/> Ladders & Their Use                    |
| <input type="checkbox"/> WorkSafe BC Act & Regulations       | <input type="checkbox"/> Equipment & Tool Guards                |
| <input type="checkbox"/> Monthly Safety Committee Meetings   | <input type="checkbox"/> Flammables & Gas Cylinders             |
| <input type="checkbox"/> Contractor Toolbox Meetings         | <input type="checkbox"/> Welding & Other Hot Work               |
| <input type="checkbox"/> Working On Site Alone / After Hours | <input type="checkbox"/> Ground Digging (excavations)           |
| <input type="checkbox"/> Refusal Of Unsafe Work              | <input type="checkbox"/> Confined Space Work                    |
| <input type="checkbox"/> Harassment / Discrimination         | <input type="checkbox"/> High Voltage Electrical Hazards        |
| <input type="checkbox"/> Heat Stress & Water Availability    | <input type="checkbox"/> Low Voltage Electrical Hazards         |
| <input type="checkbox"/> Falling Matter / Debris Protection  | <input type="checkbox"/> Housekeeping                           |
| <input type="checkbox"/> Restricting Work Areas              | <input type="checkbox"/> Material Storage                       |
| <input type="checkbox"/> Mobile & Heavy Equipment Movement   | <input type="checkbox"/> Hazardous Materials / Equip / Tools    |

## **PERSONAL PROTECTIVE EQUIPMENT RULES**

- |                                   |   |
|-----------------------------------|---|
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Eye Protection         |
| <input type="checkbox"/> Hardhats | <input type="checkbox"/> High Visibility Vests  |
| <input type="checkbox"/> Footwear | <input type="checkbox"/> Hearing Protection     |
|                                   | <input type="checkbox"/> Respiratory Protection |

## **FALL PROTECTION HAZARDS**

- |  |   |
|--|---|
| <input type="checkbox"/> Fall Protection Systems       | <input type="checkbox"/> Floor / Deck Openings              |
| <input type="checkbox"/> Fall Protection Planning      | <input type="checkbox"/> Personal Fall Protection Anchorage |
| <input type="checkbox"/> Written Fall Protection Plans | <input type="checkbox"/> Lifeline Connections               |
| <input type="checkbox"/> Fall Hazard Restricted Entry  | <input type="checkbox"/> Scaffolding                        |
|  | <input type="checkbox"/> Guardrails                         |