|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Position:** |  |
| **Type:** | Employee  Contract Operator  Consultant (Work Site Supervisor) | | |
| **Start Date:** |  | **Area:** |  |
| **Supervisor:** |  | **Position:** |  |

|  |
| --- |
| Administrative |
| To be completed by hiring supervisor including: review resume; check references; discuss prior job history/competencies; current job description, organization chart, supervisor, etc. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Training/Certificates**  Refer to HSE Program Section 4.5 Required Training | | Drilling & Completions Required Training  Refer to HSE Program, 13.5.2 Drilling & Completion Training Requirements | |
|  | H2S |  | SARA |
|  | First Aid/CPR |  | Second Line Supervisor’s Well Control (Drilling) |
|  | WHMIS |  | Well Service Blowout Prevention (Completions/Workovers) |
|  | TDG |  | Detection and Control of Flammable Substances (Optional for Drilling, required for Completions) |
|  | Ground Disturbance (job dependent) |  | Insurance ($2MM CGL & Vehicle), and WCB |
| Note: Copies of tickets will be provided at time of hire. | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| HSE | | | |
|  | HSE Program (provide employee with copy and obtain signed acknowledgement form) |  | Personal Protective Equipment (fire retardant clothing, hard hat, steel-toed boots & safety glasses) |
|  | Permit Books, Forms, Emergency Phone List |  | Safe Work Permitting Procedure |
|  | HSE Policy |  | Contractor Safety (orientation requirements) |
|  | HSE Responsibilities |  | Hazard, Near Miss & Incident Reporting |
|  | Right and Obligation to Refuse Unsafe Work |  | Corporate ERP (including responsibilities) |
|  | Hazard Assessment & Control (hierarchy of controls) |  | Communication: safety meetings, corporate HSEC, monthly HSE Report. |
| Date Completed: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Other Management Systems | | | |
|  | Pipeline Integrity Management |  | APEGA Profession Practice Management Plan |
|  | Quality Assurance (Pressure Equipment Integrity Management, Management of Change, Preventative Maintenance) |  | Damage Prevention and Public Awareness Program  Emergency Management Program (ERP) and Corporate Security Plan |
| Date Completed:      Completed by: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Work Site Tour | | | |
|  | Location of First Aid Equipment |  | Location of Fire Extinguishers |
|  | Alarms, Muster Point, Emergency Phone List |  | Location of Eyewash and Shower Stations |
|  | Location of ESD’s |  | Housekeeping Expectations |
|  | Location of Fire/Gas Detection |  | Location of Specific ERP (if applicable) |
| Date Completed: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Site Specific Procedures (Work Site Supervisor should list all those that are discussed) | | | |
|  | Working Alone |  | SDS Access (WHMIS 2015) |
|  | Audiometric Testing (noise exposed employees) |  | Site Specific ERP |
|  | CMDS (Production Operator Competency) |  |  |
| Date Completed: | | | |

|  |  |
| --- | --- |
| On-the-Job Training | |
|  | Field/Facility Orientation |
| Date Completed: | |

|  |  |  |
| --- | --- | --- |
| Acknowledgement | | |
| *I have participated in the employee orientation. The orientation covered the topics checked above. I understand my responsibilities and I will ask questions if in doubt.* | | |
| Employee’s Signature: |  | Date: |
| Supervisor’s Signature: |  | Date: |

CC: Supervisor, Employee, HSE