



WORK-BASED TRAINEE'S ORIENTATION

Checklist for work-place trainee's orientation in the workplace

Student:

Workplace instructor:

Period:

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A. Workplace and people

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|--|--|
| <input type="checkbox"/> General presentation of the company/workplace | <input type="checkbox"/> Safety representative |
| <input type="checkbox"/> A tour in the workplace | <input type="checkbox"/> Supervisor(s) |
| <input type="checkbox"/> Workplace instructor | <input type="checkbox"/> |
| <input type="checkbox"/> Co-workers | <input type="checkbox"/> |

B. Premises

- | | |
|--|---|
| <input type="checkbox"/> Working spaces | <input type="checkbox"/> Keys and access passes |
| <input type="checkbox"/> Social facilities and break rooms | <input type="checkbox"/> |
| <input type="checkbox"/> Dining facilities etc. | <input type="checkbox"/> |
| <input type="checkbox"/> Parking/bicycle storing spaces | <input type="checkbox"/> |

C. Health and safety at work

- | | |
|---|--|
| <input type="checkbox"/> General safety standards/instructions | <input type="checkbox"/> Notification of safety faults and problems |
| <input type="checkbox"/> First-aid equipment and accidents | <input type="checkbox"/> Sectorial issues concerning health and safety |
| <input type="checkbox"/> Fire safety/fire extinguishing equipment | <input type="checkbox"/> Provisions concerning young employees |
| <input type="checkbox"/> Individual protective equipment | <input type="checkbox"/> Jewelry and piercing |
| <input type="checkbox"/> Public security in the workplace | <input type="checkbox"/> |
| <input type="checkbox"/> Dangerous work, substances and tools | <input type="checkbox"/> |

D. Practices in the workplace

- | | |
|--|---|
| <input type="checkbox"/> Working hours | <input type="checkbox"/> Use of information systems |
| <input type="checkbox"/> Notification of absences and being late | <input type="checkbox"/> Data protection |
| <input type="checkbox"/> Meal and other breaks | <input type="checkbox"/> Smoking and drugs |
| <input type="checkbox"/> Working clothes | <input type="checkbox"/> Dealing with problems |
| <input type="checkbox"/> Approach to co-workers and clients | <input type="checkbox"/> Professional confidentiality and secrecy |
| <input type="checkbox"/> Waste management | <input type="checkbox"/> |
| <input type="checkbox"/> Use of telephones (own/business) | <input type="checkbox"/> |

Items in the list have been reviewed.

Date: / 201

Signature of the student

Signature of the workplace instructor