

New Hire Checklist

Please Check Off Each Box Once Employee Has Completed. Keep a Copy for Employee's File and Give a Copy to Employee

EMPLOYEE INFORMATION

Name: _____ Start date: _____

Position: _____ Manager: _____

Trainer: _____ Training Dates: _____

PRIOR TO INTIAL MEETING

- Explain Conditions of Employment – Criminal Record Check & Food Handlers Course
- Call security and get ID badge set up for printing and access to buildings (FMH & QGH)

POSITION INFORMATION

- Give position description and rate of pay according to collective agreement.
- Review job description and performance expectations and standards (of a casual – including call ins & no guaranteed hours)
- Get employee to sign job description and letter of hire and give employee copy
- Review initial job assignments and training plans. (Dates, Site, Trainer, Follow up)
- Review job schedule and hours. (Including break times and length of breaks)

POLICIES

- | | | |
|--|---|---|
| <input type="checkbox"/> <u>Review key policies.</u> | <input type="checkbox"/> Code of Conduct | <input type="checkbox"/> Two Client Identifier |
| | <input type="checkbox"/> Uniform Policy | <input type="checkbox"/> Hand Hygiene |
| | <input type="checkbox"/> Scent Awareness | <input type="checkbox"/> Use of Disposable Gloves |
| | <input type="checkbox"/> Smoking Policy | <input type="checkbox"/> Food Handlers – Illness |
| | <input type="checkbox"/> Collective Agreement | <input type="checkbox"/> Food Handlers – Wounds |

ADMINISTRATIVE PROCEDURES - PAPERWORK

- | | | |
|---|---|---|
| <input type="checkbox"/> <u>Hand out or explain procedure</u> | <u>GIVE</u> | <u>Explain</u> |
| | <input type="checkbox"/> Diet Cheat Sheet | <input type="checkbox"/> Review Infection Control Procedures and How it Applies to Food Service (Signs, Gloves, When Not to Enter a Room) |
| | <input type="checkbox"/> Disaster Handout | <input type="checkbox"/> Review Online Tutorials (allotted 6 weeks to accomplish) |
| | <input type="checkbox"/> Appropriate Phone Numbers (Manager, Supervisor, Office, Occupational Health Nurse) | <input type="checkbox"/> SIMS |
| | <input type="checkbox"/> Handout for Accessing Online Schedule at Home/Work | <input type="checkbox"/> MSDS (Use of Chemicals, what chemicals and PPE are available) |
| | <input type="checkbox"/> Meditech Guidelines (Explain this will not be applicable until they are trained) | <input type="checkbox"/> WHMIS |
| | <input type="checkbox"/> Availability Form | <input type="checkbox"/> Performance Appraisals & Probationary Period (495 hours) |
| | <input type="checkbox"/> Time Off Request Form | |
| | <input type="checkbox"/> Patient Communication Guidelines Handout | |

INTRODUCTIONS AND TOURS

Give introductions to department staff and key personnel during tour. (Dietitian, Office Clerk, etc.)

Tour of facility, including:

- | | | |
|---|---|--|
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> Supervisors Office | <input type="checkbox"/> Storage & Stock (FIFO) |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Hard copy schedules | <input type="checkbox"/> Emergency Exits and Supplies |
| <input type="checkbox"/> Where to Put Lunch Box | <input type="checkbox"/> Bulletin Boards & Means of Communication (FYI) | <input type="checkbox"/> MSDS binder |
| <input type="checkbox"/> Personal Lockers | <input type="checkbox"/> Phones & How to Check Messages | <input type="checkbox"/> Eyewash stations |
| <input type="checkbox"/> Parking | <input type="checkbox"/> | <input type="checkbox"/> Maintenance Department |
| <input type="checkbox"/> Printers | | <input type="checkbox"/> Fire extinguishers |
| <input type="checkbox"/> Restrooms | | <input type="checkbox"/> Medical Supplies (Band-aids etc.) |
| <input type="checkbox"/> Parking | | <input type="checkbox"/> Hairnets & Gloves |
| <input type="checkbox"/> Patient Units | | |
| <input type="checkbox"/> Hand Washing Sinks | | |

SAFE WORK PRACTICES (IF APPLICABLE)

- | | | |
|---|---|--------------------------|
| <input type="checkbox"/> Hobart Bowl | <input type="checkbox"/> Oven Cleaning | <input type="checkbox"/> |
| <input type="checkbox"/> Meat Slicer | <input type="checkbox"/> Dish Machine Operation | |
| <input type="checkbox"/> Stocking & Restocking | <input type="checkbox"/> Tray Delivery & Pick up | |
| <input type="checkbox"/> Descaling Dish Machine | <input type="checkbox"/> Proper Body Mechanics (Lifting, Pushing Carts, | |

Clarification of expectations:

I _____ have reviewed each item on this list with my supervisor and have
(employee name)

had any questions answered and/or concerns addressed. As an employee of Food and Nutrition Services, I understand my obligation to obey all policies and procedures.

Employee Signature: _____

Date: _____

FSS Signature: _____

Date: _____

