

## Employee Safety Orientation Checklist - SCHOOL

School:

School Phone Number:

Principal:

Cell Number:

***Please check the box as you review and understand each item.***

The Joint Health and Safety Committee Members of this site are:

- Administration: Room:
- CDTA/LCTA: Room:
- USW: Room:
- CUPE: Room:

First Aid Room / Supplies are in: Room

First Aid Attendants:

- Designated Attendant: Room:
- Back-up Attendant: Room:

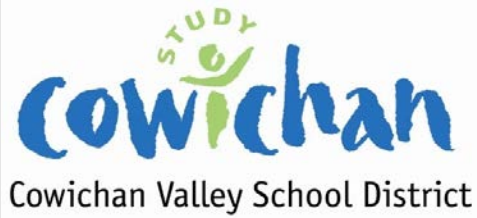
Accident Reporting – Employee: CVSD #79 requires all injuries arising out of and in the course of employment be reported on a WorkSafe BC Form 6a. These forms are available from your first aid attendant, at [www.worksafebc.com](http://www.worksafebc.com) or [www.sd79.bc.ca/groups/healthandsafety/](http://www.sd79.bc.ca/groups/healthandsafety/)

Accident Reporting – Student: Accidents or incidents involving students are to be reported on the Schools Protection Program / Risk Management Branch incident report form. Please see the office for details.

Emergency Preparedness: Emergency procedures are outlined in the orange and yellow Emergency Procedures Flipbook. Refer to this flipbook, located by every phone, for specific details regarding events such as Fires, Earthquakes, Lockdowns and Evacuations.

PLEASE COMPLETE BOTH SIDE OF FORM

Page 1 / 2



## Employee Safety Orientation Checklist - SCHOOL

WHMIS / MSDS: Information on hazardous materials can be retrieved through MSDS Fetch either by:

- phone 250-748-0861
- online at <http://msdsfetch.vsb.bc.ca>
  - un – sd79cowichan valley
  - pw – 2507480861

- Smoke-Free Environment: As per Section 2.2 of Bill 10-2007 – Tobacco Sales, use of tobacco products on school district property is banned.
- Challenging Students: See the Principal regarding any Challenging Student Information.
- This form is in addition to the District Safety Orientation Program and I understand its contents. I will not engage in any work or job task which can put me, another worker or a student at risk of being injured. I understand that under the Districts Health & Safety Program and Work Safe BC Regulation (3.12) I have not only the right, but the obligation to refuse unsafe work.

***By signing below I am acknowledging that I understand the information included on this form.***

(Print Name) \_\_\_\_\_ Employee \_\_\_\_\_  
(Signature)

Date Signed: \_\_\_\_\_

(Check One) \_\_\_ CVTF \_\_\_ CUPE \_\_\_ USW \_\_\_ Exempt

File:

- Copy 1 School Employee Safety Orientation Checklist Binder
- Copy 2 Principal

PLEASE COMPLETE BOTH SIDE OF FORM

Page 2 / 2