

SAFETY & HEALTH TRAINING LEARNING OUTCOME FORM

Employee name: _____

Manager/Supervisor's name: _____

Training Date: _____

Reason for training: (Tick which apply)

- (a.) Worker is new to the workplace
- (b.) Worker has moved to another workstation with different processes/hazards
- (c.) Worker is returning to the workplace and processes/hazards have changed while worker was away
- (d.) Worker was involved in hazard or close call events in workplace
- (e.) Worker is non-compliant with safety procedures and principles at workplace

If the statement below is True , fill in your initials on the next column	Initials (Employee)
I received information on the hazards specific to my job and learned how to protect myself from injury and illness	
I know my legal workplace safety and health rights, including the right to refuse dangerous work.	
I know my legal roles and responsibilities as a worker.	
I am aware of and understand the workplace safety and health policies and rules at my workplace	
My workplace has a joint safety and health committee or a safety and health representative. I know who the committee members are or who the representative is	
I received a safety and health orientation when I was first hired	
I received training on how to do my job safely and understand the specific SAFE work procedures for the tools, equipment and materials I use in my job	
I received training on the personal protective equipment I need to wear and learned how to use it properly	

If the statement below is True , fill in your initials on the next column	Initials (Employee)
I received training on emergency procedures including where the exits and first aid stations are located	
I work with a WHMIS-controlled substance and received WHMIS training	
I know where to find Material Safety Data Sheet (MSDS) information and review it before handling a WHMIS-controlled substance	
I will look out for hazards and know how to report an unsafe condition or act	

What do you suggest we do to improve training?

Employee signed: _____ **Date:** _____

Manager/Supervisor signed: _____ **Date:** _____