



Employee Health & Safety Review

please print

Employee Name:
Review Date:
Reviewed By:

Required Training:	Date Completed:
WHMIS	
Basic Food Safe Handling	
AODA (Accessibility for Ontarians with Disabilities Act)	
Western Safe Campus Community (Bill 168)	
Worker Health & Safety Awareness	
Allergen Awareness training	
Knife Safety training	

Health & Safety Checklist:	<input checked="" type="checkbox"/>
Review location of H&S board (kitchen and building*)	<input type="checkbox"/>
Review location of First Aid Kit and list of First Aid Certified Employees	<input type="checkbox"/>
Review Hospitality Services designated Health & Safety Representatives	<input type="checkbox"/>
Review Personal Protective Equipment (PPE) Required & Locations (including cut gloves, non-slip shoes, goggles, aprons, etc)	<input type="checkbox"/>
Review location of Fire Extinguishers	<input type="checkbox"/>
Review Eye Wash Station(s) and demonstrate use	<input type="checkbox"/>
Inform Employee of any Designated Substances that <i>may</i> be present	<input type="checkbox"/>
Review how to Report an Accident to Supervisor/Lead/Chef/Manager	<input type="checkbox"/>

Documents/Forms: Review location and purpose of the following	<input checked="" type="checkbox"/>
1. Material Data Safety Sheets (MSDS) Binder	<input type="checkbox"/>
2. Job Hazard Analysis Binder	<input type="checkbox"/>
3. Occupational Health & Safety Act	<input type="checkbox"/>
4. Joint Health and Safety Committee (JOHSC) list and contact information	<input type="checkbox"/>
5: Hazard Reporting Forms	<input type="checkbox"/>
6. Health & Safety Unit Self-Assessment (previous month posted)	<input type="checkbox"/>
7. Emergency Contact List, Emergency Evacuation Plan (show emergency exits and meeting area)	<input type="checkbox"/>

Employee Signature: _____

Unit Manager/ Supervisor Signature: _____