

<p>First Aid</p> <p><input type="checkbox"/> Attendant: name and phone number: _____</p> <p><input type="checkbox"/> All injuries and near misses must be reported to first aid attendant immediately</p> <p><input type="checkbox"/> First aid kits are located: _____</p>	
<p>Emergency Procedures</p> <p><input type="checkbox"/> Emergency poster with site information located: _____</p> <p><input type="checkbox"/> Known location of nearest phone: • _____ • _____</p> <p><input type="checkbox"/> In case of an evacuation, leave via the nearest exit and wait in the front parking lot for row call</p> <p><input type="checkbox"/> Location of the fire extinguisher is: _____</p>	
<p>Health and Safety Program</p> <p><input type="checkbox"/> Review Health and Safety Policy</p> <p><input type="checkbox"/> Importance of crew meeting</p> <p><input type="checkbox"/> Worker Safety Representatives are • _____ • _____</p> <p><input type="checkbox"/> Workers Compensation Act and Occupational Health and Safety Regulations must be made available to all workers, ask supervisor to print section of interest or visit website http://www.worksafebc.com/publications/OHSRegulation/Home.asp</p>	
<p>Other Notes:</p>	

I have been explained and understand my rights and responsibilities as a new worker.

Employee Signature: _____

Supervisor Signature: _____



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