



HEALTH AND SAFETY
APPENDIX B – New Employee Orientation and Training
On-Site Acknowledgement Form

Instructions: *This page is to be signed by the Supervisor and New Employee. Once completed, the form will be kept in the personnel file.*

SUPERVISOR:

I have conducted the on-site new employee orientation with _____ and have done my best to help him/her understand what is expected in his/her new job. I will do all I can to assist _____ to succeed in his/her new position.

Name: _____ Signature: _____

EMPLOYEE: My Supervisor, _____, has explained what my requirements are for the position I am starting. I understand what is expected and will do my best to excel in this position and will request assistance from my supervisor should I need it. I understand that a successful performance review and any recommendations that come from it will be based entirely on my commitment to be a productive and effective member of the team and consistently use the expected traits and characteristics on the job. I understand that my Principal / Vice-Principal / Manager / Supervisor and I will periodically review my performance during my probationary / trial period. I am encouraged to ask for feedback about my performance at any time.

I understand the safety procedures and policies and agree to adhere to them at all times. If I am not sure about something, I will ask for assistance to not risk injury, provide poor service or quality of work.

- ☐ I have been informed of the name and contact information of my supervisor.
- ☐ I have been informed of where to access information for the New Brunswick Occupational Health & Safety Act and its Regulations. (www.worksafenb.ca)
- ☐ I have been informed and understand procedures related to emergencies (evacuation plan, crisis response, lock down, etc.)
- ☐ I have been advised of the contact information of the Joint Health & Safety Committee or Health & Safety Representative posted on the WorkSafe bulletin board.
- ☐ I have been advised of hazardous situations or environments at my work location and understand the Health & Safety procedures and codes of practice related to my job tasks.
- ☐ I have been advised of the location of First Aid kits and equipment and advised of the names of qualified First Aid providers.

Employee Signature: _____ Date: _____

[Supervisor to forward completed form to appropriate Education Centre HRO for personnel file]