



Health and Safety Orientation - New and Transferred Employees

Read carefully before completing.

Remember

- In accordance with its stated values and the requirements of the Alberta Occupational Health and Safety Act and the School Act,
- The Calgary Board of Education is committed to providing a safe and healthy workplace and learning environment for employees, students and others present at its work sites**

Please print clearly.

Employee			
Last Name	First Name	CBE ID Number	Date

Supervisor		
Last name	First name	Work #
School or Work-site	Service Unit	

New employee's occupation

I understand and agree the following were covered during this orientation

Employee (Print Name)	Signature	Date
-----------------------	-----------	------

Topic	Completed employee's initials
Administrative Regulation 1070 – Occupational Health and Safety	
School or Work-site processes for <ul style="list-style-type: none"> Accident reporting Emergency response (i.e. first aid; fire and lock-down) Hazard reporting Working alone procedure Workplace violence reporting 	
PublicSchoolWORKS modules completed: <ul style="list-style-type: none"> C-101 CBE Health and Safety for Employees C-102 CBE Health and Safety for Leaders C-106 Staff OHS Handout C-0107 Position Hazard Assessment and Control M-0052 Back Injury Prevention and Ergonomics M-0408 Anaphylaxis Awareness and Response M-0272 Getting a Safety Data Sheet – Advanced C-117 COVID 19 Preparing for the School Year C-0116 – Bullying Awareness and Prevention M-239 WHMIS (GHS Compliant - 5yr cycle) 	
Postings <ul style="list-style-type: none"> Alberta Occupational Health and Safety Act, Regulations and Adopted Code Workers Compensation Board (WCB) – If you are injured at work 	

Confidential Information

The personal information contained in this form is collected under the authority of the School Act and Freedom of Information and Protection of Privacy Act (Alberta) for the purposes noted in this form. If you have any questions about this collection, please contact Safety Advisory Services at Safetyadvisoryservices@cbe.ab.ca

In signing this form:

- I understand that the information provided is confidential,

Employee (Print Name)	Signature	Date
-----------------------	-----------	------



Return completed form to Safetyadvisoryservices@cbe.ab.ca

SUPERVISOR USE ONLY		
SUPERVISOR (Print Name)	Signature	Date
School or work-site	Service unit	