

**Researcher's Declaration and Supervisor's Acknowledgement**  
**Department of Civil and Environmental Engineering**

**Action**

1. Complete your mandatory health and safety training: <https://uwaterloo.ca/civil-environmental-engineering/health-and-safety-1/mandatory-safety-training>
  - a. select the "Graduate Students, Faculty and Staff" dropdown.
  - b. Complete the following courses:
    - i. SO 1001 Employee Safety Orientation
    - ii. SO 1081 Workplace Violence Awareness
    - iii. SO 2017 WHMIS 2015
2. Fill out and sign this document.
3. Return the completed form to the Administrative Coordinator, Graduate Studies, in E2-2328A.

**Record of Training**

I acknowledge that I have received the following **mandatory** training:

- |                                         |                 |
|-----------------------------------------|-----------------|
| 1. SO 1001 Employee Safety Orientation  | date completed: |
| 2. SO 1081 Workplace Violence Awareness | date completed: |
| 3. SO 2017 WHMIS 2015                   | date completed: |
| 4. Read Policy 34                       | date completed: |

**Researcher's (Student) Declaration**

- I have read and understood all the required online Health and Safety modules, as indicated by the "Record of Training" on the previous page.
- I will bring any safety related concerns or issues to the attention of the Administrative Coordinator, Graduate Studies (E2-2328A) as I become aware of them.

I understand that as long as I am a registered graduate student, visiting researcher, postdoctoral fellow, employee, or an undergraduate student researcher in the Department of Civil and Environment Engineering, I am responsible for obeying the safety rules, the requirements of University of Waterloo Policy #34 and the *Ontario Occupational Health and Safety Act* and any later amendments or regulations thereof. I understand that I must continually endeavour to be self-informed about the health and safety aspects of my research, to exercise good judgement, and to use safe working practices to prevent accidents that may cause injury to myself or others.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (print) \_\_\_\_\_ Student ID#: \_\_\_\_\_

Email address: \_\_\_\_\_

**B) Department's Acknowledgment**

I have discussed the project-related health and safety background information with the above-named individual.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (print) \_\_\_\_\_