

# Management Sciences

## Health & Safety Acknowledgment Form

To be completed by all MSci faculty, staff, students (undergraduate and graduate), postdoctoral fellows, research personnel, work term placements, volunteers and visitors (paid or unpaid)

**Please complete this form, detach and return to Ian Taylor in CPH 4301.**

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I acknowledge receipt of a copy of the "Management Sciences Safety Manual" which sets forth the health and safety rules and practices to be followed in the Department of Management Sciences. I declare that I have studied the contents of this manual, and any additional safety information specific to the designated areas, where applicable. **I confirm that I have completed the mandatory safety training (Employee Safety Orientation, Workplace Violence Awareness, WHMIS 2015, and Supervisor's Safety Awareness (if applicable)). Please attach certificates of completion for all on-line safety training courses.**

I understand that as long as I am a \_\_\_\_\_ in the Department of Management Sciences, I am responsible for obeying the safety rules outlined in the Management Sciences Health and Safety Manual, plus the requirements of the University of Waterloo, Policy 34 and the Ontario Occupational Health and Safety Act, and any later amendments or regulations thereof. I also understand that I am continuously to aim to be self-informed about all health and safety aspects and to exercise good judgement in the application of safe working practices in order to prevent accidents which may cause injury to either myself or to others. I also am aware that I am responsible for informing my supervisor in advance of using any new chemicals, materials, equipment, or procedures which may be a hazardous or potentially-hazardous nature.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Student ID # (if applicable): \_\_\_\_\_

### SUPERVISOR'S ACKNOWLEDGEMENT

I have discussed the relevant sections of this manual and other project-related health and safety background information with the above-named individual.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_