

Vancouver Island West School District 84

ACKNOWLEDGEMENT OF TRAINING RECEIVED

I, _____, an employee of Vancouver Island West School District 84, have received instruction in the following:

Name of Program or Work Procedure: _____

Presented by: _____

Date: _____

Please check one of the following:

I have had the opportunity to ask questions and receive answers on the contents of this instruction presented by the above mentioned. **I understand the training I have received and agree to abide by the standards presented therein.**

I have had the opportunity to ask questions and receive answers on the contents of this instruction presented by the above mentioned. **I would like more information concerning the following:**

Employee's Signature

Worksite

Date Signed

Refusal of Unsafe Work: *If an employee of Vancouver Island West School District 84 has reasonable cause to believe that a work process or use of specific tool(s) would create an undue hazard to the health or safety of him/herself, or any other person, that employee must refuse to do the work process or operate the tool(s), and must immediately report the unsafe situation to his/her Supervisor. For more information, see www.sd84.bc.ca, 'Staff Resources', 'Health and Safety', 'Refusal of Unsafe Work Program'.*