



For the purpose of safety, risk management and to maintain Baycrest's Jewish culture, we require you to review this brochure and return this form to <department/contact> at Baycrest by <date>.

Introduction

Baycrest and its representatives are obligated to meet the requirements of the Occupational Health and Safety Act and Regulations for Health Care and Residential Facilities. Failure to do so may lead to the Ministry of Labour issuing individual and/or organizational fines and the closure of Baycrest until that time when the requirements have been fulfilled.

A) Generic topics that are common to all organizations.

We anticipate that you have obtained in-depth information about the following key topic. Please confirm this by signing this form.

- i. Workplace Hazardous Information System (WHMIS)

B) Baycrest- specific topics: these are either unique to Baycrest or have been customized to our organization.

We require you to review the attached material on these topics and then sign below indicating you have completed this review.

- ii. Client Privacy and Confidentiality
- iii. Emergency Codes
- iv. Infection Prevention and Control (IPAC) Education
- v. Jewish Life at Baycrest
- vi. Fire Safety
- vii. Violence in the Workplace [as our policy on Violence in the Workplace is under review, we are presently adhering to our current policy on Abuse of Staff and Volunteers by Clients, Their Families, Private Practitioners, Personal Companions and Visitors]

I confirm that I am aware of my responsibilities related to the topics outlined above regarding working safely at Baycrest.

Name: _____ Telephone: (____) _____
(Please Print)

Signature: _____ Date: _____