Ontario Occupational Health & Safety Act (OHSA) R.S.O. 1990 | WHMIS 2015 (GHS Aligned) | Workplace Safety & Insurance Act

EMPLOYEE INFORMATION

FULL LEGAL NAME	JOB TITLE / POSITION	START DATE	DEPARTMENT

PART A — YOUR RIGHTS AS A WORKER (OHSA SECTIONS 25–28)

RIGHT TO KNOW: I will be informed about all workplace hazards, WHMIS products, and safety proce

RIGHT TO PARTICIPATE: I may participate in the Joint Health & Safety Committee (JHSC) or health

RIGHT TO REFUSE UNSAFE WORK: I may refuse work I believe is likely to cause danger to myself or

I will NOT be penalized, dismissed, or threatened for exercising any health and safety right un

PART B — EMPLOYEE RESPONSIBILITIES

I will work in compliance with the OHSA, all regulations, and Sanitation Bros INC health & safe

I will use or wear all required personal protective equipment (PPE) as instructed and required.

I will report ALL hazardous conditions, equipment defects, near-misses, and injuries to my supe

I will not operate any equipment or machinery I have not been specifically trained to use.

I will cooperate with all health & safety inspections, audits, and WSIB investigations.

PART C — WHMIS 2015 ACKNOWLEDGMENT (GHS ALIGNED)

I have received or will receive WHMIS 2015 training before handling any hazardous (controlled)

I can read and interpret Safety Data Sheets (SDS) and understand the 9 GHS hazard pictograms.

I know the location of all SDS binders / digital SDS access in my work area.

I will not use any hazardous product without reviewing its SDS and wearing the required PPE.

PART D — INCIDENT REPORTING & WSIB

ALL workplace injuries, illnesses, and near-misses must be reported to my supervisor within 24

Sanitation Bros INC is covered by WSIB Ontario (Workplace Safety and Insurance Act).

I will complete an Incident Report Form and cooperate fully with any WSIB investigation.

I understand that withholding information about a workplace injury is a violation of Ontario la

SIGNATURE

I have read, understood, and agree to comply with all health and safety obligations above.

EMPLOYEE SIGNATURE	DATE	SUPERVISOR SIGNATURE	DATE