

## Alberta Capital Region Wastewater Treatment Plant & Pump Stations Environmental, Health and Safety Orientation

Name of Employee/Contractor: \_\_\_\_\_ Name of Company: \_\_\_\_\_

Scope of Work: \_\_\_\_\_

Work Site and Location: \_\_\_\_\_

	Y	N	n/a
<b>1. GENERAL</b>			
<b>2. HEALTH &amp; SAFETY</b>			
a. ACRWC Health & Safety Manual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. OH&S Manual & Legislation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Rights & Responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. HAZARDS AND CONTROLS</b>			
a. Biohazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Hydrogen sulfide (H <sub>2</sub> S)/Methane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Portable personal gas detectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Overhead power lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Process Chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Drowning Hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Immunization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Field Level Hazard Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. ACRWC POLICIES, PROCEDURES &amp; SAFE WORK PRACTICES</b>			
a. Safe Work Permits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. PPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Lock Out / Tag Out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Noise Management Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Working Alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. WHMIS / Safety Data Sheets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Communication Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Workplace Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. EMERGENCY RESPONSE</b>			
a. Emergency Alarms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Emergency Showers / Eye Wash Stations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Fire Extinguishers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. First Aid & Trained Personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Incidents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. ENVIRONMENTAL MANAGEMENT SYSTEM</b>			
a. Environmental Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Environmental Impacts Related to your Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Roles & Responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Potential Negative Consequences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other safety concerns: \_\_\_\_\_

I have been informed, understand and will comply with the above items. I will adhere to all ACRWC Environmental, Health and Safety practices and all Alberta OH&S requirements.

Employee/Contractor: \_\_\_\_\_ ACRWC Rep.: \_\_\_\_\_

**Print Name** (please print clearly)

\_\_\_\_\_  
**Signature**

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