

New Employee Safety Orientation Test

- 1) In Ontario, the minimum workplace health and safety requirements are legislated under the Occupational Health and Safety Act (OHSA) and several Regulations.

True False

- 2) Employers, supervisors and employees (workers) all have responsibilities that are specified under the Occupational Health and Safety Act and this supports the *Internal Responsibility System*.

True False

- 3) What are the 3 basic rights of workers?

1) _____

2) _____

3) _____

- 4) Are you required to notify your supervisor if you see a hazardous situation in your area?

Yes No

- 5) When must notify your supervisor if you have an accident at the college.

(a) Immediately

(b) There is no need to notify your supervisor unless it's serious.

- 5) If you have an accident/incident at work, you must investigate it with your supervisor and complete a report for the safety department.

True False

- 7) Do you need to familiarize yourself with safety rules or procedures that apply to your specific work area?

Yes No

8) The risk of suffering a musculoskeletal injury increases with risk factors such as force, repetition and posture. If you experience discomfort, pain or difficulty performing a particular task you should (select best answer):

- a) Do nothing
- b) Inform your supervisor
- c) Contact the OHS Department
- d) (b) or (c)

9) Slips, trips and falls account for a large percentage of accidents at the college. Selecting suitable footwear is important for increasing stability and reducing the chance of slipping or falling. Suitable footwear does not include strapless shoes or shoes with high heels (>2 inches).

True False

10) Which of the following statements is true? (*circle the best answer*)

- a) A lockdown is a serious event that involves a direct threat to people in the building.
- b) A lockdown will be communicated by a pre-recorded message/announcement played over the building speaker system at Fennell, STARRT and Brantford campuses.
- c) I need to check the specific lockdown procedures at other campuses [e.g. Mohawk-Laurier; IAHS] because they are not prescribed by Mohawk College Security.
- d) All the above.

Date: _____

Employee Name (print): _____

Employee Name (signature): _____

Supervisor's Name: _____

Department: _____

Please forward a copy of this form to the Occupational Health and Safety Department, Fennell Campus, Room F125 Fennell Campus and keep a copy for your records.