The information above has been reviewed by me and I understand its contents. I will not engage in any work or job task which can put me or another worker at risk of being injured. I understand that under the District's Health and Safety Program and WorkSafeBC Regulation (3.12) I have not only the right but the obligation to refuse unsafe work.

SIGN-IN SHEET FOR VISITING WORKERS, NEW WORKERS & VISITORS

DATE	PHONE #	NAME	EMAIL	ROOM/ AREA/ PURPOSE	DAILY HEALTH CHECK DONE (YES)	TIME IN	TIME OUT	OH&S Information Read & Understood *(Signature required for all visiting and new workers)*
DID YOU REMEMBER TO REVIEW THE FRONT PAGES OF THIS BINDER?								

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