SAFETY TRAINING ACKNOWLEDGEMENT FORM

EMPLOYEE/STUDENT INFORMATION (PLEASE PRINT):

First Name ___________________ Last Name ___________________
Department/Division __________________ Room/Laboratory No. __________________
Position ___________________ Telephone No. __________________
Email Address __________________

It is the responsibility of employee/student to complete safety training courses assigned by the employer and supervisor.

Employee’s acknowledgement signature: ________________________________

Supervisor must review courses required for each employee/student on EHSA

Instructions for accessing EHSA:
• Go to http://www.ehs.utoronto.ca/Training/EHSARegistration2.htm on any University of Toronto computer
• Login using your UTORid
• For appointed staff, pick the employee name from drop-down menu. If your name is not on the drop down menu, contact EHS at (416) 208-2928
• For others (e.g. casuals, students, etc.), enter the employee/student information into the following required fields:
  o UTORid
  o Personnel/Student number
  o Name
  o Email address
  o Organizational Unit – Please pick “University of Toronto Scarborough”
  o Department – Please pick from drop down menu
  o Supervisor – Please pick from drop down menu
  o Status: Choose External – Non-UofT, Faculty, Grad Student, Other, Postdoc, Staff or Undergrad Student
• Click on "Select from courses required for my work" to review training plan.

If additional courses are required for employee/student, please contact:
EHS at (416) 208-2928 or Marilyn Kwan, Human Resources Generalist & Staff Development Coordinator at 416-287-7003

EMPLOYER/SUPERVISOR/PRINCIPAL INVESTIGATOR INFORMATION (PLEASE PRINT):

It is the responsibility of the Supervisor to ensure the employee/student has met safety training requirements under the Occupational Health and Safety Act.

First Name ___________________ Last Name ___________________
Department/Division __________________ Room / Laboratory No. __________________
Telephone No. __________________ Date __________________

Supervisor’s acknowledgement signature: ________________________________

• Please forward completed form to Human Resource Services (BV-526E)