



# Breakroom Safety Meetings

Canada Topic M116: WHMIS (Right to Know)



### Employee Quiz:

- The WHMIS Standard is based on a simple concept – that employees have both a need and a right to know the hazards and identities of the \_\_\_\_\_ they are exposed to when working.  
(A) people (B) ideas (C) hazards (D) agents
- OHS requires employers to \_\_\_\_\_ WHMIS Program and train their workers on the aspects that \_\_\_\_\_  
(A) oral (B) written (C) video (D) audio
- Retail stores \_\_\_\_\_ employers having a commercial account are required to provide \_\_\_\_\_  
(A) refunds (B) and (C) MSDSs (D) MSDS
- All chemicals on site must be stored in their \_\_\_\_\_ with manufacturers' label attached.  
(A) original container (B) new container (C) elemental form (D) pockets
- A master list of all the hazardous chemicals and copies of MSDSs should be kept at each workplace and available to all employees at the office for \_\_\_\_\_ at any time.  
(A) refund (B) litigation (C) review (D) confusion

EMPLOYEE QUIZ demonstrates your employee's understanding of material

### Employee Workplace Inspection: Initial in the space provided at each point, or write N/A if not applicable to your job.

- \_\_\_\_\_ I have sustained no workplace injuries as of this date.
- \_\_\_\_\_ I am aware of possession of, or being under the influence of alcoholic beverages or illegal drugs on company property or in company vehicles, is expressly prohibited. Violation of this policy will be grounds for immediate termination of employment.
- \_\_\_\_\_ I have been informed that \_\_\_\_\_ supplies, or product from company property without permission is prohibited and may result in \_\_\_\_\_.
- \_\_\_\_\_ I will immediately notify my supervisor \_\_\_\_\_ workplace.
- \_\_\_\_\_ I have been informed that any \_\_\_\_\_ policy and must be reported to my supervisor and that harassment initiated by me will \_\_\_\_\_ including termination.
- \_\_\_\_\_ I have been informed that any work \_\_\_\_\_, and agree to never bring any weapons on company property, including company vehicles.
- \_\_\_\_\_ I am trained and properly licensed to operate any company vehicle which has been assigned to me, and agree to notify management if my license is suspended or revoked for any reason. I will report any incidents which involve the vehicle I am operating to my supervisor.
- \_\_\_\_\_ I have been issued, and have inspected, all necessary personal protective equipment for my job. I have found the equipment free of defects, and agree to wear all appropriate personal protective equipment.
- \_\_\_\_\_ I have inspected all machine guards to ensure they are in place and secure. I agree never to remove, disable, or modify any safety guards, and to notify my supervisor immediately of any missing or broken guards.
- \_\_\_\_\_ I have been informed of where material safety data sheets are stored, and have free access to them.
- \_\_\_\_\_ All flammable or combustible materials have been stored or disposed of properly.
- \_\_\_\_\_ I have been trained in requirements for handling/storing/disposing of any chemicals I might have contact with in the workplace.
- \_\_\_\_\_ My work area is clean and free of clutter \_\_\_\_\_.
- \_\_\_\_\_ I have been notified of emergency \_\_\_\_\_ place, and the location of fire extinguishers.
- \_\_\_\_\_ All equipment and tools have been \_\_\_\_\_ defects have been reported or corrected.
- \_\_\_\_\_ I have inspected my workplace \_\_\_\_\_.
- \_\_\_\_\_ I have been informed \_\_\_\_\_.
- \_\_\_\_\_ I am aware of and trained in all necessary \_\_\_\_\_ procedures to perform my job safely.
- \_\_\_\_\_ I have been trained in safe material handling techniques, and agree to proper lifting/team lifting techniques for materials in my workplace.
- \_\_\_\_\_ I have been properly trained and/or certified and/or licensed to perform my assigned work competently and safely.
- \_\_\_\_\_ I have been fully informed of, and agree to abide by, all company policies, rules, and regulations.

Each sentence covers essential Safety documentation

Employee's signature verifies knowledge of workplace Safety

I understand that by signing this form I attest and verify that the above information is true and correct, and that failure to follow company safety policies may result in disciplinary action.



Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Foreman/Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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