

Appendix II-F-4

Caretaker Training Record

Community Name: _____			
Employee's Full Name (print): _____			
Component	Date	Employee Signature	Council Signature
Introduction to the Work Environment			
Statutory Rights of Employees - Workplace Safety & Health Act			
Review the Emergency Response Plan			
WHMIS			
Fall Protection Procedure			
Personal Protective Equipment Procedure			
Working Alone Procedure			