

OCCUPATIONAL HEALTH AND SAFETY

STAFF ALERT PENDANT Student, Constructor, Contractor, Service Provider

STUDENT INFORMATION		
Student Name (please print)	Telephone Number	Placement Dates (YYYY-MM-DD to YYYY-MM-DD)
receiving Staff Alert Pendant or w	vith Cashier's Clerk at Orientation the pendant to the Cashier's Off	reposit can be made at the Cashier's Office before in. Bring this form to student orientation. At the end fice (Monday to Friday from 8:30 a.m. to 4:00 p.m.
DECLARATION OF UNDERSTANDING I have participated in an information session regarding the new Staff Alert Pendants. By signing below, I declare that I understand and will abide by the following: My Staff Alert Pendant is now a mandatory part of my uniform — I will wear it at all times when working I will perform a battery check at the start of my shifts (in a location away from others to avoid a false alarm) I will use my Staff Alert Pendant only in the event of imminent or actual workplace violence I will secure my pendant to my clothing, high on the body (i.e., near my collar or chest pocket) to prevent false alarms (NOT at my hip, on a belt or inside a pocket) I will not attach my Staff Alert Pendant to a lanyard or retractable badge I will not expose my Staff Alert Pendant to extreme temperatures (i.e., inside a car on a very cold or very hot day) or moisture I will store my Staff Alert Pendant in such a way as to prevent damage to the pull mechanism (avoid leaving it in the bottom of a bag/purse/pocket)		
Signature	Date (E	DD/MM/YYYY)
	by the Cashier to Occupational F	ONLY Office to pay a \$15.00 non-refundable replacement Health and Safety Monday to Friday from 8:00 a.m. Date (DD/MM/YYYY)
Note: A malfunctioning pendant	will be replaced at no charge. I	Bring it to OHS to replace.