



Town of Stettler

Personal Safety Evaluation

Name of Employee: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Position or Job Title: \_\_\_\_\_

Evaluation Date: \_\_\_\_\_

1. What are the Hazards of your job, and how would you identify and eliminate hazards not Identified, what steps would you take before and after the job?
2. What would be or was the information given to you on the date of hire that you would need to know to work and be safe will working for the Town of Stettler?
3. Do you feel you have received enough safety training to do your tasks in a safe manner?
4. Have you been involved in safety meeting, building inspections etc. and provided input? If so explain

5. Are you aware of the contents of the Town of Stettler's safety policy and or Union safety information and how it pertains to you? Explain
  
6. What is your Health and safety responsibilities? E.g. Meetings, input with Hazard id, safety job procedures, training and competency? Explain.
  
7. If you had concerns about Health and Safety topics who would you contact? e.g. safety equipment, training, competency, etc. Explain
  
8. Would you feel comfortable to report Harassment and or Violence, near miss or the refusal of unsafe work? Are you aware of what process would be used to report the incident?
  
9. Do you wish to contribute any other topics about Health and Safety in your work? Explain

Employee signature

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Date

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