

**LAWSON COMPLIANCE WAIVER**

**Registration for Western paid employees, graduate students, undergraduate students or work study students at Lawson LHSC campuses.**

**All individuals involved in research at Lawson who are not hospital-paid employees must be registered with Lawson (LHSC). We have established a registration process to ensure that Lawson is aware that these individuals are on site and that they have completed all of the required training. Our goal is to provide everyone with the knowledge to make them aware of how to work safely in research.**

**Return the complete document to** [**hien.nguyen@lawsonresearch.com**](mailto:hien.nguyen@lawsonresearch.com)

***Personnel Information***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Badge ID# (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MY SIGNATURE ON THIS COMPLIANCE WAIVER INDICATES:**

***I have completed all the modules listed under the Hospital Mandated Training section which includes (please tick boxes):***

\*Please note that (a) If you have completed any of the following training through Western then please send me the certificates – you do not have to redo them, and (b) Do not complete the quizes as they are not accessible.\*

* AODA - Excelling at Accessible Customer Service
* AODA - Integrated Accessibility Standards and Human Rights
* Critical Injury Overview
* Critical Injury Reporting
* Cytotoxic Safety
* Emergency Codes
* Fall Prevention
* Fire Response and Evacuation
* Hand Hygiene
* Influenza
* Musculoskeletal Disorders
* Ontario’s Occupational Health and Safety Act (Volunteers only - Western Affliates will complete through OWL)
* Routine Practices
* Safe Handling of Hazardous Drugs
* Sharps Awareness
* Workplace Violence Prevention
* Workplace Hazardous Materials Information System (WHMIS) (Volunteers only - Western Affliates will complete through OWL)

***I have read, understood, and agree to the following under the Documents section (please tick boxes):***

* The PPE requirements
* The Young Workers Fact Sheet (if 25 years of age or under)
* The Young Workers Safety Tips (if 25 years of age or under)

***I have sent the following items to*** [***hien.nguyen@lawsonresearch.com***](mailto:hien.nguyen@lawsonresearch.com)***:***

* The signed PPE Requirements’ document
* Western Certificates (if any)

**SIGN-OFF (PLEASE TICK BOX):**

* I have read, understood all required documents and completed all training that is required of me as outlined in this training package

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Personnel Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**