



APPENDIX 8 - Health & Safety Acknowledgement

**Health & Safety Acknowledgement**

Staff working at this medical centre will be exposed to health and safety issues and have a responsibility toward their own safety and the safety of other people around them.

I, \_\_\_\_\_ [name], have read and understand the provisions of Doctors on Riccarton Health and Safety Policy and understand that whilst working here I have and responsibilities towards my own safety and the safety of others around me.

I am familiar with the practice's Hazard and Risk Register which identifies health and safety risks affecting Doctors on Riccarton.

I acknowledge that I have a duty of care as a worker (or Officer) to take all practicable steps to ensure:

- **my own safety** at work; and
- That no action or inaction by myself while at work causes harm to any **other person**.

When suitable protective clothing or equipment is provided by the employer, I agree to use it.

I have been made aware of the requirements of the Health & Safety at Work Act 2015 as it relates to my employment at this practice.

I know that I need to report all incidents (including accidents and near misses / good catches) to the practice's health and Safety co-ordinator so that they can be recorded in the practice's Incident Register for review and follow up action.

..... Name	..... Signature
..... Position	..... Date

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