

WORK SITE INSPECTION CHECKLIST

School:	Date:
Address:	School Year:
Off-campus Coordinator: Telephone No:	E-mail:
learning activities (Work Study, Work Ex Program, Workplace Readiness/Practicular by the principal. After an accident or injulated before re-approval. (Reference: Off-ca 3. Parental or guardian consent shall be ob- agreement shall be signed by both particular programments on the signed by both particular programments.)	tion at which the student is involved in off-campus aperience, Career Internship, Green Certificate aum, RAP), requires inspection and annual approval arry, the work site requires a subsequent inspection ampus Education Handbook.) Otained on the student's behalf, a student-employer are and the parents/guardians of all students. This school attended by the student. The Work Experience Agreement are considered to
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A. Company Name:	B. Work Site Location (if different from company address)
Company Address:	
Postal Code:	Supervisor (onsite):
Company Contact Person:	Telephone:
Telephone: Cell:	More than one supervisor involved (please list):
Type of Business:	
More than one work site involved Yes No If yes, complete Box B	
Number of students to be placed at work site Does the employer or job have a minimum a Yes No	

Yes

No

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Driver's License required:

Work Site Approval for (please check)

Work Study Work Experience Career Internship Green Certificate
Program Workplace Readiness/Practicum RAP

Approved Not Approved (provide documentation)

Inspecting Off-campus Coordinator (please print):

Date: ______ Signed: _____ Inspecting Off-campus Coordinator

Date: ______ Signed: _____ Principal/Assistant Principal

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	All checklist questions must be acceptable/not applicable prior to		Not			
	approving this work site.	Acceptable	Applicable			
1	Who will provide onsite supervision and job-related training for the					
	student? Name/Position of supervisor:					
2	Will job-related health and safety training and orientation be					
	provided to the student? Yes No					
3	Is the student expected to wear any personal protective					
	equipment (PPE)? Yes No					
	Who will supply? Employer Student					
	Hearing Protection					
	Eye Protection					
	Footwear					
	Headwear					
	Gloves					
	Coveralls/uniforms					
	Other					
4	Is the employer familiar with the process for reporting a student					
	injury? (Discuss with the employer that the student is an employee of Alberta Education for WCB coverage.) Yes No					
For	Employers that are not COR certified complete the section below	w. For Emplo	yers that			
	COR certified complete the section at the bottom with certificate					
5	Are there emergency preparedness procedures in place: e.g., fire,					
	spill? Yes No					
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6	Is a trained first aider available to the student at all times while the	
	student is working? Yes No	
7	Are fire extinguishers, first-aid kits maintained and readily	
	available? Yes No	
8	Are emergency exit/safety signs clearly marked? Yes No	
9	Is emergency eyewash equipment (if necessary) maintained and	
	readily available? Yes No	
10	List the most critical potential hazards or dangers of this job; e.g.:	
	Chemical – exposure to solvents, asbestos, dangerous	
	gases (e.g. carbon monoxide)	
	Biological – exposure to molds, parasites, blood and body	
	fluids	
	Ergonomic – Lifting heavy and awkward materials;	
	repetitive work	
	Physical – manual lifting, exposure to noise, radiation,	
	workplace violence, dangerous machinery, confined	
	spaces	
	Psychological/cultural factors – stress, harassment, crude	
	language, gender considerations (e.g., Student is the only	
	male/female at a work site)	
	Have hazards be identified and controlled by the employer?	
	Yes No	
11	How will the student be made aware of hazards/dangers?	
12	List the tools, material and equipment the student will be expected	
	to use or handle:	
	Hand tools Heavy equipment	
	Power Lift equipment Vehicle operation	
	Power tools	
	Other Hazardous machinery	
	Other	
	Are orientations provided on all equipment? Yes No	

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13	Does your worksite screen employees in any way? If so, please				
	provide details of screening.	Yes	No		
	If yes, explain:				
	es this work site appear to provi learning environment?	de an ord	erly, well-maintained,	safe and carin	g working
For	employers that are COR certific	ed:			

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