



WORK SITE INSPECTION CHECKLIST

Form 216-02b

School: _____ Date: _____
 Address: _____ School Year: _____
 Off-campus Coordinator: _____ E-mail: _____
 Telephone No: _____

1. The work site inspection must occur prior to student placement.
2. A work site, the specific off-campus location at which the student is involved in off-campus learning activities (Work Study, Work Experience, Career Internship, Green Certificate Program, Workplace Readiness/Practicum, RAP), requires inspection and annual approval by the principal. After an accident or injury, the work site requires a subsequent inspection before re-approval. (Reference: *Off-campus Education Handbook*.)
3. Parental or guardian consent shall be obtained on the student's behalf, a student-employer agreement shall be signed by both parties and the parents/guardians of all students. This inspection record shall be on file at the school attended by the student.
4. Students and parents/guardians signing the Work Experience Agreement are considered to have signed the WCB Deeming order for worker's compensation coverage.

Work Site

<p>A. Company Name: _____ Company Address: _____ Postal Code: _____ Company Contact Person: _____ Telephone: _____ Cell: _____ Type of Business: _____ _____ More than one work site involved <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Box B</p>	<p>B. Work Site Location (if different from company address) _____ Supervisor (onsite): _____ Telephone: _____ E-mail: _____ More than one supervisor involved (please list): _____</p>
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Number of students to be placed at work site: _____

Does the employer or job have a minimum age requirement for employee at work site? Yes
 No

Driver's Licence required: Yes No

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

Principal/Assistant Principal (please print):

Date: _____ Signed: _____
 Principal/Assistant Principal

WORK SITE INSPECTION CHECKLIST

	All checklist questions must be acceptable/not applicable prior to approving this work site.	Acceptable	Not 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
3	Is the student expected to wear any personal protective equipment (PPE)? <input type="checkbox"/> Yes <input type="checkbox"/> No Who will supply? Employer Student Hearing protection <input type="checkbox"/> <input type="checkbox"/> Eye protection <input type="checkbox"/> <input type="checkbox"/> Footwear <input type="checkbox"/> <input type="checkbox"/> Headwear <input type="checkbox"/> <input type="checkbox"/> Gloves <input type="checkbox"/> <input type="checkbox"/> Coveralls/uniforms <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>		
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.) <input type="checkbox"/> Yes <input type="checkbox"/> No		
For Employers that are not COR certified complete the section below. For Employers that are COR certified complete the section at the bottom with certificate number and date.			
5	Are there emergency preparedness procedures in place: e.g., fire, spill? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6	Is a trained first aider available to the student at all times while the student is working? <input type="checkbox"/> Yes <input type="checkbox"/> No		
7	Are fire extinguishers, first-aid kits maintained and readily available? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8	Are emergency exit/safety signs clearly marked? <input type="checkbox"/> Yes <input type="checkbox"/> No		
9	Is emergency eyewash equipment (if necessary) maintained and readily available? <input type="checkbox"/> Yes <input type="checkbox"/> No		
10	List the most critical potential hazards or dangers of this job; e.g.: <input type="checkbox"/> Chemical – exposure to solvents, asbestos, dangerous gases (e.g., carbon monoxide) <input type="checkbox"/> Biological- exposure to moulds, parasites, blood and body fluids <input type="checkbox"/> Ergonomic – lifting heavy or awkward materials; repetitive work <input type="checkbox"/> Physical – manual lifting, exposure to noise, radiation, workplace violence, dangerous <input type="checkbox"/> Machinery, confined spaces <input type="checkbox"/> Psychological/cultural factors – stress, harassment, crude language, gender considerations (e.g., Student is the only male/female at the work site.) Have the hazards been identified and controlled by the employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
11	How will the student be made aware of hazards/dangers?		
12	List the tools, materials and equipment the student will be expected to use or handle: <input type="checkbox"/> Hand tools <input type="checkbox"/> heavy equipment <input type="checkbox"/> Power lift equipment <input type="checkbox"/> vehicle operation <input type="checkbox"/> Power tools <input type="checkbox"/> Other hazardous machinery _____ <input type="checkbox"/> Other _____ Are orientations provided on all equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
13	Does your worksite screen employees in any way? If so, please provide details of screening. <input type="checkbox"/> Yes <input type="checkbox"/> No		

Does this work site appear to provide an orderly, well-maintained, safe and caring working and learning environment?

Yes No

For employers that are COR certified: Certificate # _____ Dated _____