|  |  |
| --- | --- |
| A. Company Name:       | B. Worksite Location **(if different from company address):**      |
| Address:       | Onsite Supervisor: |
| City:       | Province:     | Postal Code:      | Tel:       | Mobile:       |
| Company Contact:       | Email:       |
| Tel:       | Mobile:       | If more than one supervisor is involved, please list below:      |
| Type of Business:       |
| Email:        |
| If more than one work site is involved, please complete Box B (1). | Yes | No | B (1) Worksite Location:       |

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| Does the employer have a minimum age requirement for an employee at the work site? | Yes | No |
| Does the employee (student) require a driver’s license? | Yes | No |

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| --- | --- | --- | --- |
| All checklist questions must be acceptable prior to approving this worksite. | Acceptable | Needs Improvement | Not Applicable |
| 1 | Will job-related health and safety training and orientation be provided to the student? | Yes | No |  |  |  |
| 2 | Does the worksite have joint Work Site Health and Safety Committee (20 or more worker) and/or Safety Representative? *Reference OH&S Act, Part 3 and OH&S Code, Part 13.* | Yes | No |  |  |  |
| 3 | Is the student expected to wear any personal protective equipment? |  |  |  |
|  | * Hearing protection
 | Yes  | No |  |  |  |
|  | * Eye protection
 | Yes | No |  |  |  |
|  | * Footwear
 | Yes | No |  |  |  |
|  | * Headwear
 | Yes | No |  |  |  |
|  | * Gloves
 | Yes | No |  |  |  |
|  | * Coveralls / Uniform
 | Yes | No |  |  |  |
|  | * Other
 | Yes | No |  |  |  |
| 3 | Is the employer familiar with the process for reporting a student injury? Discuss with the employer that the student is deemed to be an employee of Alberta Education for the purpose of WCB. | Yes | No |  |  |  |
| 4 | Are there emergency preparedness procedures in place? e.g. fire, spills? | Yes | No |  |  |  |
| 5 | Is a trained first aider available to the student at all times while the student is working? | Yes | No |  |  |  |
| 6 | Are fire extinguishers, first-aid kits maintained and readily available? | Yes | No |  |  |  |
| 7 | Are emergency exit / safety signs clearly visible? | Yes | No |  |  |  |
| 8 | Is emergency eyewash equipment (if necessary) readily available and maintained? | Yes | No |  |  |  |
| All checklist questions must be acceptable prior to approving this worksite. | Low Risk | Medium Risk | High Risk |
| 9 | List the most critical potential hazards or dangers of this job:* Chemical – exposure to solvents, asbestos, dangerous gases.
* Biological – exposure to molds, parasites, blood and bodily fluids.
* Ergonomic – lifting heavy or 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.
 |  |  |  |
| 10 | Does this work site appear to provide an orderly, well maintained, safe and caring working and learning environment? | Yes | No | Notes: |  |

List the tools, materials and equipment the student will be expected to use or handle:

Comments:

Workstation approval for:

* Workplace Readiness / Practicum
* Work Experience 15-25-35
* Registered Apprenticeship Program
* Green Certificate

This workstation is:

* APPROVED
* NOT APPROVED

|  |
| --- |
| Inspecting Off-Campus Coordinator (please print):  |
| Signature: | Date: |

*Reference:*

* AP216 Off-Campus Education
* Off-Campus Practice Guide