



OFF-CAMPUS EDUCATION WORK SITE/WORK STATION INSPECTION CHECKLIST (Page 1 of 2)

(To be completed annually for EACH worksite used on off-campus programs)

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

1. The work site/work station inspection must occur prior to student placement.
2. A work site/work station, 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 station 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 underage students, and this inspection record shall be on file at the school attended by the student and copies sent before the student is placed at the work site/work station.
4. Students and parents/guardians signing the Work Experience Agreement are considered to have signed the WCB Deeming order for workers' compensation coverage.

WORK SITE/WORK STATION

<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: _____ Email: _____ 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 License required: Yes No

Work Station 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



Off-Campus Education Work Site/Work Station Inspection Checklist (Page 2 of 2)

	All checklist questions must be acceptable prior to approving this work site.	Acceptable	Needs Improvement	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 <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">Employer</td> <td style="text-align: center;">Student</td> <td></td> <td></td> </tr> <tr> <td>Hearing protection</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Eye protection</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Footwear</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Headwear</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Gloves</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Coveralls/uniform</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Other</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> </tr> </table>		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/uniform	<input type="checkbox"/>	<input type="checkbox"/>			Other	<input type="checkbox"/>	<input type="checkbox"/>					
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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																																											
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 visible? <input type="checkbox"/> Yes <input type="checkbox"/> No																																											
9	Is emergency eyewash equipment (if necessary) maintained and readily available?																																											
10	List the most critical potential hazards or dangers of this job; e.g. <ul style="list-style-type: none"> • Chemical – exposure to solvents, asbestos, dangerous gases (e.g. carbon monoxide) • Biological – exposure to moulds, parasites, blood and body 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 (e.g. student is the only male/female at the worksite). Have these 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 these hazards/dangers?																																											
12	List the tools, materials and equipment the student will be expected to use or handle: <ul style="list-style-type: none"> • Hand tools <input type="checkbox"/> heavy equipment • Power lift equipment <input type="checkbox"/> vehicle operation • Power tools <input type="checkbox"/> other _____ • Other hazardous machinery _____ 																																											
13	Does this work site appear to provide an orderly, well-maintained, safe and caring working and learning environment? <input type="checkbox"/> Yes <input type="checkbox"/> No																																											