|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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: | |

|  |  |  |
| --- | --- | --- |
| 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 |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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