



Work Site Inspection Form

School: _____ Date: _____

Address: _____ School Year: _____

Off-campus Teacher: _____ Email: _____

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 Programming, Work Experience, Career Internship, Green Certificate Program, Workplace Readiness/Practicum, RAP)—requires inspection and annual approval by the off-campus teacher. Should an accident or injury occur, the work site requires a subsequent inspection before reapproval (see the *Off-campus Education Handbook* for details).
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 worksite.
4. Students and parents/guardians signing the Work Agreement are considered to have signed the Workers’ Compensation Board Deeming Order Application for workers’ compensation coverage.

Work Site

<p>A. Company Name: _____</p> <p>Company Address: _____</p> <p>Company Contact Person: _____</p> <p>Telephone: _____ Cell: _____</p> <p>Type of Business: _____</p> <p>More than one work site involved: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, complete Box B.</p>	<p>B. Work Site Location(s): _____</p> <p>Supervisor (onsite): _____</p> <p>Telephone: _____</p> <p>Email: _____</p> <p>More than one supervisor involved (please list all):</p> <p>_____</p> <p>_____</p> <p>_____</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 employees at work site? Yes No

Driver’s license required: Yes No

Work Site Approval for Specified Programs

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

Approved Not Approved (provide documentation)

Inspecting Off-campus Teacher (please print): _____

Date: _____ Signed: _____

Principal/Assistant Principal (please print): _____

Date: _____ Signed: _____

	All checklist questions must be reviewed 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? Yes <input type="checkbox"/> No <input type="checkbox"/>																											
3	Is the student expected to wear personal protective equipment (PPE)? Yes <input type="checkbox"/> No <input type="checkbox"/> (please specify, below) <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">Employer</td> <td style="text-align: center;">Student</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> </tr> <tr> <td>Eye protection</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Footwear</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Headwear</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Gloves</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></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> </tr> <tr> <td>Other</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></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? (Employer must be informed that the student is an employee of Alberta Education for WCB coverage.) Yes <input type="checkbox"/> No <input type="checkbox"/>																											
5	Are there emergency preparedness procedures in place; e.g., fire, spill? Yes <input type="checkbox"/> No <input type="checkbox"/> Not relevant <input type="checkbox"/>																											
6	Is a trained first aider available to the student at all times while the student is working? Yes <input type="checkbox"/> No <input type="checkbox"/>																											
7	Are fire extinguishers and first-aid kits maintained and readily available? Yes <input type="checkbox"/> No <input type="checkbox"/>																											
8	Are emergency exit/safety signs clearly visible? Yes <input type="checkbox"/> No <input type="checkbox"/>																											
9	Is emergency eyewash equipment (if necessary) maintained and readily available? Yes <input type="checkbox"/> No <input type="checkbox"/> Not relevant <input type="checkbox"/>																											
10	Identify the most critical potential hazards or dangers of this job from the list below: <input type="checkbox"/> Chemical – exposure to solvents, asbestos, dangerous gases (e.g., carbon monoxide) <input type="checkbox"/> Biological – exposure to moulds, parasites, blood, 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 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 these hazards been identified & controlled by the employer? Yes <input type="checkbox"/> No <input type="checkbox"/>																											
11	How has the student been made aware of these hazards/dangers? Explain the messaging: _____																											
12	Identify 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 _____																											
13	Does this work site appear to provide an orderly, well-maintained, safe, and caring work and learning environment? Yes <input type="checkbox"/> No <input type="checkbox"/>																											