

## OFF-CAMPUS EDUCATION WORK SITE/WORK STATION INSPECTION CHECKLIST

☐ Approved		□ Not A	Approved (documented in inspection checklist)						
Work Station Approval for (please check)									
☐ Work Study ☐ Career Interns!	hip 🗆	☐ Work Experience ☐ RAP ☐ Green Certificate ☐ ☐ Other:							
☐ First Inspection ☐ Ann	nual [	Accident	nt/Incident Re-approval						
School:			Date:						
			School year:						
School Address:			Coordinator Telephone: Cell:						
			Coordinator E-mail:						
			Fax:						
			School E-mail:						
			School Website:						
<ul> <li>The work site/workstation inspection must occur prior to student placement.</li> <li>A work site/workstation - 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 School District Representative/s. After an accident or injury, the workstation requires a subsequent inspection before re-approval (Reference: Off-campus Education Handbook).</li> <li>A record of inspection shall be approved by designated district administration, and a copy kept on file at the school attended by the student (copies need to be on file at their school before the work site/work station is accepted for the program).</li> <li>Parental or guardian consent shall be obtained on the student's behalf. A student-employer Work Agreement shall be signed by student, employer, parent/guardian of underage students, and by the district representative.</li> <li>Students and parents/guardians signing the Work Agreement are considered to have signed the WCB Deeming order for workers' compensation coverage.</li> </ul>									
WORK SITE/WORKSTATION									
Company Name:			Company Address:						
Company Contact Person:			Postal Code:						
Company Telephone:			Cell:	_					
E-mail:				_					
Supervisor(s) (onsite):				_					
Type of Business:									
*Additional work sites?	□ Yes		☐ No * Provide additional inspection form for each work site						
**Travel in company vehicle?									
Hazardous work location?	☐ Yes		Minimum age requirement for employees at work site?						
Driver's License required?	□ Yes		□No						
<b>Employer Representative</b>		Inspectin	ing Off-Campus Coordinator Verifying Off-campus Coordinator						
		-							
<del>D</del> : 4		Print	Date Print	Date					
Print									
		Signature	Signature	Signature					
Signature		District A	Administrative Designate District Administrative Designate						
		Print	Date Print	Date					
Date									
		Signature	Signature						

## OFF-CAMPUS EDUCATION: SITE/WORK STATION INSPECTION CHECKLIST

	A – Acceptable NI – Needs Improvement NA – Not Applicable	A	NI	NA		
1	Who will provide onsite supervision and job-related training for the student?  Name/position of supervisor(s):					
2	Will job-related health and safety training and orientation be provided to the student?   Will the student be required to work alone?					
3	Is there a dress code?  Is the student expected to wear any personal protective equipment (PPE)?  Employer Student Other/Notes:  Hearing protection  Eye protection  Footwear  Headwear  Gloves  Coveralls/uniform					
4	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.)					
5	Are there emergency preparedness procedures in place?  e.g., fire exits, location of extinguishers and emergency eyewash, first-aid services and supplies.					
6	6 Is a trained first aider available to the student at all times while the student is working?					
7	7 Are fire extinguishers, first-aid kits maintained and readily available?					
8	8 Are emergency exit/safety signs clearly visible?					
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.:  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 work site  Have these hazards been identified and controlled by the employer?					
11	How will the student be made aware of these hazards/dangers? ☐ Supervisor Trained ☐ Orientation ☐ Other: ☐					
12	List the tools, materials and equipment the student will be expected to use or handle:  □ hand tools □ power tools □ power lift equipment □ vehicle operation □ other hazardous machinery: □ Heavy equipment use: □ Yes, Proven Training and Record □ No, Student not approved for this equipment Notes:		□ Ye			
13	Does this work site appear to provide an orderly, well-maintained, safe and caring working and learning environment?					

Comments: