



**GRANDE PRAIRIE TRI-DISTRICT
OFF-CAMPUS EDUCATION WORK SITE/WORK STATION
INSPECTION CHECKLIST**

Approved **Not Approved (documented in inspection checklist)**

Work Station Approval for (please check)

Work Study Career Internship Work Experience RAP Green Certificate Other

First Inspection **Annual** **Accident/Incident Re-approval**

School:	Date:
School Address:	School year:
	Coordinator Telephone: Cell:
	Coordinator E-mail:
	Fax:
	School E-mail:
	School Website:

- The work site/work station inspection must occur prior to student placement.
- 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 School District Representative/s. After an accident or injury, the work station requires a subsequent inspection before re-approval. (Reference: *Off-campus Education Handbook*.)
- 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).
- 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.
- Students and parents/guardians signing the Work Agreement are considered to have signed the WCB Deeming order for workers' compensation coverage.

WORK SITE/WORK STATION

Company Name: _____	Company Address: _____
Company Contact Person: _____	Postal Code: _____
Company Telephone: _____	Cell: _____
E-mail: _____	
Supervisor(s) (onsite): _____	Telephone: _____
_____	_____
Type of Business: _____	
*Additional work sites? Yes <input type="checkbox"/> No <input type="checkbox"/>	* Provide additional inspection form for each work site
**Travel in company vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/>	**Provide additional inspection form for company vehicle
Hazardous work location? Yes <input type="checkbox"/> No <input type="checkbox"/>	Minimum age requirement for employees at work site? <input style="width: 50px; height: 25px;" type="text"/>
Driver's License required? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Inspecting Off-campus Coordinator (please print): _____

Signed: _____ Date: _____
Inspecting Off-campus Coordinator

Employer Representative (please print): _____

Signed: _____ Date: _____
Employer Representative

District Administrative Designate (please print): _____

Signed: _____ Date: _____
District Administrative Designate

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? <input type="checkbox"/> Yes <input type="checkbox"/> No Will the student be required to work alone? <input type="checkbox"/> Yes <input type="checkbox"/> No																																																								
3	Is there a dress code? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the student expected to wear any personal protective equipment (PPE)? <input type="checkbox"/> Yes <input type="checkbox"/> No <table border="0" style="width:100%"> <tr> <td></td> <td align="center">Employer</td> <td align="center">Student</td> <td align="center">Other/Notes:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hearing protection</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Eye protection</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Footwear</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Headwear</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Gloves</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Coveralls/uniform</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						Employer	Student	Other/Notes:				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"/>							
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4	Is the employer familiar with the process for reporting a student injury? <input type="checkbox"/> Yes <input type="checkbox"/> No (Discuss with the employer that the student is an employee of Alberta Education for WCB coverage.)																																																								
5	Are there emergency preparedness procedures in place? <input type="checkbox"/> Yes <input type="checkbox"/> No e.g., fire exits, location of extinguishers and emergency eyewash, first-aid services and supplies.																																																								
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? <input type="checkbox"/> Yes <input type="checkbox"/> No																																																								
10	List the most critical potential hazards or dangers of this job; e.g.: Other/Notes: <input type="checkbox"/> Chemical – exposure to solvents, asbestos, dangerous gases (e.g., carbon monoxide) <input type="checkbox"/> Biological – exposure to moulds, parasites, blood and 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 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? <input type="checkbox"/> Supervisor Trained <input type="checkbox"/> Orientation Other:																																																								
12	List the tools, materials and equipment the student will be expected to use or handle: <input type="checkbox"/> hand tools <input type="checkbox"/> power tools <input type="checkbox"/> power lift equipment <input type="checkbox"/> vehicle operation <input type="checkbox"/> other hazardous machinery: _____ <input type="checkbox"/> Heavy equipment use: <input type="checkbox"/> Yes, Proven Training and Record <input type="checkbox"/> No, Student is not approved for this equipment Notes:																																																								
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																																																			

Comments: