

OFF-SITE WORK SITE INSPECTION FORM

School Year:	Report Date:
School Name & Address:	Phone number:
Off-site Teacher:	Teacher Email:
Student Name:	

1. The work site inspection must occur prior to student placement..
2. A work site—the specific off-site location at which the student is involved in off-site learning activities (Work Study Programming, Work Experience, Career Internship, Green Certificate Program, Workplace Readiness/Practicum, RAP)—requires inspection and annual approval by the off-site teacher. Should an accident or injury occur, the work site requires a subsequent inspection before re-approval (see the Off-site Activity 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 work site.
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.

A. WORK SITE		B. ADDITIONAL WORK SITE LOCATION(S)	
Company Name:		Location(s):	
Address (include postal code):			
Company Contact Person:		Supervisor (on site):	
Telephone:	Cell:	Telephone:	
Business Type:		Email:	
More than one work site involved: <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, complete B. Additional Work Site Location(s)		List all other Supervisors involved: <hr/> <hr/> <hr/>	
C. PLACEMENT INFORMATION		D. WORK SITE APPROVAL FOR SPECIFIED PROGRAM	
Number of students to be placed at work site: _____ Does the employer/job have a minimum age requirement for employees at work site? <input type="checkbox"/> YES <input type="checkbox"/> NO Driver's license required? <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Work Experience <input type="checkbox"/> Work Study Program <input type="checkbox"/> Career Internship <input type="checkbox"/> Green Certificate Program <input type="checkbox"/> R.A.P. <input type="checkbox"/> Workplace Readiness / Practicum	
APPROVAL			
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved (provide documentation)			
Safety Coordinator (print name):	Signature:	Date:	
Principal (print name):	Signature:	Date:	
Off-Campus Coordinator (print name):	Signature:	Date:	

CHECKLIST – All 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? <input type="checkbox"/> YES <input type="checkbox"/> NO			
3.	Is the student expected to wear any personal protective equipment (PPE)? <input type="checkbox"/> YES (please specify below) <input type="checkbox"/> NO <div style="display: flex; justify-content: space-around;"> <div>Employer</div> <div>Student</div> </div> 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"/>			
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.) <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 <input type="checkbox"/> Not Relevant			
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 and 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 <input type="checkbox"/> Not Relevant			
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 molds, parasites, blood, body fluids <input type="checkbox"/> Ergonomic – lifting heavy/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 site) Have these hazards been identified and controlled by the employer? <input type="checkbox"/> YES <input type="checkbox"/> NO			
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"/> Power Tools <input type="checkbox"/> Vehicle Operations <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? <input type="checkbox"/> YES <input type="checkbox"/> NO			