





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

☐ Approved		□ Not Ap	proved (documen	ted in inspection check	dist)
Work Station Approval for	:	☐ Work Study	☐ Career Internship		
☐ Work Experience ☐	RAP	☐ Green Certific	ate		
☐ First Inspection ☐	Annual	☐ Accident/In	cident Re-approval		
School:			Date: School year:		
School Address:			Coordinator Telephone: Coordinator E-mail: Fax: School E-mail: School Website:	Cell:	
Experience, Career Internship. District Representative/s. Afte Education Handbook). A record of inspection shall be be on file at their school befor Parental or guardian consent s parent/guardian of underage s Students and parents/guardian	specific off-campu, Green Certificate er an accident or in e approved by desire the work site/wo shall be obtained o tudents, and by the s signing the Work	as location at which Program, Workplace jury, the work station gnated district admin rk station is accepted in the student's behate district representation	the student is involved in off-car e Readiness/ Practicum, RAP), re en requires a subsequent inspection histration, and a copy kept on filed for the program). If. A student-employer Work A ive.	npus learning activities (Work Study, Work equires inspection and annual approval by on before re-approval (reference: <i>Off-can</i>) at the school attended by the student (congreement shall be signed by student, empore the property of the student of	the School npus bies need to loyer,
WORK SITE/WORK STAT			C 4.1	1	
Company Name: Company Contact Person:				lress:	
Company Telephone:					
E-mail:					
Supervisor(s) (onsite):					
Type of Business:					
*Additional work sites?	Yes \Box	No 🗆 🗆 🗆 🗦	Provide additional inspec	ction form for each work site	
**Travel in company vehicle	? Yes □□	No 🗆 🗆 🗆 🖎	**Provide additional inspe	ection form for company vehicle	
Hazardous work location? Driver's License required?	Yes □□ Yes □□		Minimum age requiren	nent for employees at work site?	
Inspecting Off-campus Cod	ordinator (ple	ase print):			
Signed: Inspecting Off-campus Coordinator					
Employer Representative (
Signed: Employer Representative					
District Administrative Des					
Signed:					
District Administrative Des	ignate				-

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? □ Yes □ No					
3	Is there a dress code? □ Yes □ No					
	Is the student expected to wear any personal protective equipment (PPE)?					
	Employer Student Other/Notes: Hearing protection					
	Eye protection					
	Footwear \Box					
	Headwear \Box					
	Gloves \Box					
	Coveralls/uniform					
4	Is the employer familiar with the process for reporting a student injury? \Box Yes \Box 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?					
	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?					
0	is a trained instander available to the student at an times while the student is working:					
7	Are fire extinguishers, first-aid kits maintained and readily available?					
8	Are emergency exit/safety signs clearly visible?					
9	Is emergency eyewash equipment (if necessary) maintained and readily available?					
10	10 List the most critical potential hazards or dangers of this job; e.g.: Other/Notes:					
10	□ Chemical – exposure to solvents, asbestos, dangerous gases (e.g., carbon monoxide)					
	□ Biological – exposure to molds, 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? □ Yes □ No					
	That is the second the manufacture and controlled by the employer.					
11	How will the student be made aware of these hazards/dangers?					
	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 is not approved for					
	this equipment					
	Notes:					
12			<u> </u>			
13	Does this work site appear to provide an orderly, well-maintained, safe and caring working and	$_{\Box}$ $\mathbf{V}_{\mathbf{c}}$	es 🗆	Nο		
	learning environment?	• •	.u ⊔	110		

Comments: