



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 year:

School Address:

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 ☐ No ☐

* Provide additional inspection form for each work site

**Travel in company vehicle? Yes ☐ No ☐

**Provide additional inspection form for company vehicle

Hazardous work location? Yes ☐ No ☐

Minimum age requirement for employees at work site? ☐

Driver's License required? Yes ☐ No ☐

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 <div style="display: flex; justify-content: space-between;"> <div> Employer Hearing protection <input type="checkbox"/> Eye protection <input type="checkbox"/> Footwear <input type="checkbox"/> Headwear <input type="checkbox"/> Gloves <input type="checkbox"/> Coveralls/uniform <input type="checkbox"/> </div> <div> Student <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div> Other/Notes: </div> </div>					
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: _____ 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: