

## WORK-BASED LEARNING PROGRAMS PRE-PLACEMENT VISIT

<b>Workplace Name:</b>	<b>School:</b>
<b>Address:</b>	<b>Date:</b>
<b>Contact:</b>	<b>Teacher:</b>
<b>Phone:</b>	<b>Student:</b>

	Will the Student:		Comments/questions:	
<b>Insurance</b>				
Insurance Coverage	Be covered under The Worker's Compensation Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If not, does the company have general liability insurance in the minimal amount of \$2,000,000 (Proof required)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Safety</b>				
Orientation	Receive a safety orientation including location of first aid stations, eye wash centres, fire escapes, WHMIS information and other safety procedures as applicable?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What Personal Protective Equipment is required? Will it be provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Equipment</b>				
Hand Tools	Use hand tools/equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Receive instruction regarding safe use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Power Tools and Equipment	Be using portable/stationary power tools/equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Receive instruction regarding safe use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Equipment	Use or be near mobile equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Receive instruction regarding safe use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Electrical	Be exposed to electrical hazards?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Compression	Be working with anything under compression such as compressed gases or gas cylinders?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Receive instruction regarding safe use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pressure Systems	Be working in proximity to pressure pipes or steam boilers?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Computer Monitors	Be working at a computer monitor on a regular basis for long periods of time?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How many hours/day?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Work Environment</b>				
Lifting	Be lifting loads more than 25kg (55lbs) or awkward loads?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Will the student be shown how to lift properly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Walkway/Stairs	Be working in cluttered or slippery work areas or passageways?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

Fire Exits	Are fire exits clearly marked?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Elevated Areas	Be working in elevated areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If required, is fall protection provided? Will there be instruction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chemical Substances	Be exposed to flammable, corrosive, toxic or reactive chemicals?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is protection provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Biological Substances	Have contact with any harmful microorganisms?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Radiation	Be exposed to harmful radiation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is protection provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trenches	Work in or near any trenches or confined spaces?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Will confined space training be provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hot Materials	Have contact with hot materials or surfaces?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is adequate training and supervision provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Outdoor Work	Spend periods of time working outdoors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is protection provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Temperature	Work in very cold or very hot conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is protective clothing provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Noise	Work in a noisy environment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is hearing protection provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Air Quality	Be exposed to excessive dust, fumes or gases?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is protective equipment provided? Is it mandatory?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Human Factors</b>				
Harassment	Is there a Harassment Policy in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Violence	Is it anticipated that the student could be exposed to violence or become the object of violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Smoking	Is smoking allowed in the workplace?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alcohol	Is alcohol use allowed in the workplace?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Supervision	Will the student be working with adequate supervision?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How will the student be supervised and monitored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hours of Work	Will the student be working outside of school hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Stress	Will the student be under an unusually high level of stress?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

List any other hazards that may exist in the workplace and how the student shall be protected:

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Signatures		
	Work Place	School Division
Name:		
Position:		
Date:		