

Administrative Procedure 216 Form 216-02b

WORK SITE INSPECTION CHECKLIST

School: _____ Date: _____
 Address: _____ School Year: _____
 Off-campus Coordinator: _____ E-mail: _____
 Telephone No: _____

1. The work site inspection must occur prior to student placement.
2. A work site, 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 principal. After an accident or injury, the work site requires a subsequent inspection before re-approval. (Reference: *Off-campus Education Handbook*.)
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 all students. This inspection record shall be on file at the school attended by the student.
4. Students and parents/guardians signing the Work Experience Agreement are considered to have signed the WCB Deeming order for worker's compensation coverage.

Work Site

<p>A. Company Name: _____ Company Address: _____ Postal Code: _____ Company Contact Person: _____ Telephone: _____ Cell: _____ Type of Business: _____ More than one work site involved Yes No If yes, complete Box B</p>	<p>B. Work Site Location (if different from company address) _____ Supervisor (onsite): _____ Telephone: _____ E-mail: _____ More than one supervisor involved (please list): _____</p>
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Number of students to be placed at work site: _____

Does the employer or job have a minimum age requirement for employee at work site?

Yes No

Driver's License required: Yes No

Work Site Approval for (please check)

Work Study Program Work Experience Workplace Readiness/Practicum Career Internship RAP Green Certificate

Approved **Not Approved (provide documentation)**

Inspecting Off-campus Coordinator (please print):

Date: _____ Signed: _____
Inspecting Off-campus Coordinator

Date: _____ Signed: _____
Principal/Assistant Principal

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	All checklist questions must be acceptable/not applicable prior to approving this work site.	Acceptable	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? Yes No		
3	Is the student expected to wear any personal protective equipment (PPE)? Yes No Who will supply? Employer Student Hearing Protection Eye Protection Footwear Headwear Gloves Coveralls/uniforms Other		
4	Is the employer familiar with the process for reporting a student injury? (Discuss with the employer that the student is an employee of Alberta Education for WCB coverage.) Yes No		
For Employers that are not COR certified complete the section below. For Employers that are COR certified complete the section at the bottom with certificate number and date.			
5	Are there emergency preparedness procedures in place: e.g., fire, spill? Yes No		

13	Does your worksite screen employees in any way? If so, please provide details of screening. Yes No If yes, explain:		
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Does this work site appear to provide an orderly, well-maintained, safe and caring working and learning environment?

Yes No

For employers that are COR certified:

Certificate # _____ Dated _____