Medicine Hat Public School Division

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MEDICINE HAT PUBLIC BOARD OF EDUCATION OPERATES AS MEDICINE HAT PUBLIC SCHOOL DIVISION,
AND FOR THE PURPOSE OF THIS DOCUMENT WILL BE REFERRED TO AS "MHPSD" AND/OR "DIVISION"

SECTION 700 – Educational Program

ADMINISTRATIVE PROCEDURE - EXHIBIT: OFF-CAMPUS EDUCATION - WORK SITE/WORK STATION INSPECTION CHECKLIST

EXHIBIT CODE: 718 E 001

EXHIBIT CODE:	*718 E 001*
Policy Reference: 718 – Off-Campus Education	**Procedure Code Reference:** 718 AP 001 – Off-Campus Education

EXHIBIT

See below for checklist.

Approved: February 18, 2014
Revised: _____

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OFF-CAMPUS EDUCATION – WORK SITE/WORK STATION INSPECTION CHECKLIST - 718 E 001

School: _____ Date: _____

Address: _____ School Year: _____

Off-Campus Coordinator: _____ E-mail: _____

Telephone No. _____

1. The work site/work station inspection must occur prior to student placement.
2. 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 principal. After an accident or injury, the work station requires a subsequent inspection before re-approval. (Reference: Provincial *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 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/work station.
4. Students and parents/guardians signing the Work Experience Agreement are considered to have signed the WCB Deeming order for workers' compensation coverage.

WORK SITE/WORK STATION

A.	B.
Company Name: _____	Work Site Location (if different from company address): _____
Company Address: _____	Supervisor (onsite): _____
Postal Code: _____	Telephone: _____
Contact Person: _____	E-mail: _____
Telephone: _____	More than one supervisor involved (please list): _____
Type of Business: _____ _____	
More than one work site involved. If yes, complete Box B. Yes ☐ No ☐	

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 Station Approval for (please check): Work Study ☐ Work Experience ☐

Career Internship ☐ Green Certificate Program ☐ Workplace Readiness/Practicum ☐ RAP ☐

☐ **Approved** ☐ **Not Approved (provide documentation)**

Inspecting Off-campus Coordinator (please print): _____

Date: _____ Signed: _____
(Inspecting Off-campus Coordinator)

Principal/Assistant Principal (please print): _____

Date: _____ Signed _____
(Principal/Assistant Principal)

WORK SITE/WORK STATION INSPECTION CHECKLIST

All checklist questions must be acceptable prior to approving this work site.		Acceptable	Needs Improvement	Not Applicable
1.	Who provides 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 ☐ Hearing protection — Employer ☐ Student ☐ Eye protection — Employer ☐ Student ☐ Footwear — Employer ☐ Student ☐ Headwear — Employer ☐ Student ☐ Gloves — Employer ☐ Student ☐ Coveralls/uniform — Employer ☐ Student ☐ Other — Employer ☐ Student ☐			
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 ☐			
5.	Are there emergency preparedness procedures in place; e.g., fire, spill? Yes ☐ No ☐			
6.	Is a trained first aider available to the student at all times while the student is working? Yes ☐ No ☐			
7.	Are fire extinguishers, first-aid kits maintained and readily available? Yes ☐ No ☐			
8.	Are emergency exit/safety signs clearly visible? Yes ☐ No ☐			
9.	Is emergency eyewash equipment (if necessary) maintained and readily available? Yes ☐ No ☐			
10.	Identify the most critical potential hazards or dangers of this job; eg: ☐ Chemical – exposure to solvents, asbestos, dangerous gases (e.g., carbon monoxide) ☐ Biological – exposure to moulds, 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) ☐ Other: _____ ☐ Have these hazards been identified and controlled by the employer? Yes ☐ No ☐			
11.	How will the student be made aware of these hazards/dangers?			

12.	List tools, materials and equipment the student will be expected to use or handle: ☐ hand tools ☐ heavy equipment ☐ power lift equipment ☐ vehicle operation ☐ power tools ☐ other hazardous machinery _____ ☐ other _____			
13.	Does this work site appear to provide an orderly, well-maintained, safe and caring working and learning environment? Yes ☐ No ☐			