



WORKSITE SAFETY CHECK

School District No. 38 (Richmond)

Date:		
Name of Company:		
Address:		Phone:
City/Prov:	Postal Code:	Fax:
Contact Person:		Title:
Phone:		Fax:
Company's Main Activity:		

Industrial Office Retail Other, specify: _____

Near bus route: Yes No Parking: Yes No

Days of Operation: Sun M Tu Wed Th Fri Sat

Hours of Operation:	Number of Employees:
Attire/Dress Code:	

Dutes/Skills

- _____
- _____
- _____
- _____
- _____

To be reviewed with the student prior to worksite placement:

- If you don't know how to do something safely, ask your supervisor for training before you begin work
- Discuss WCB Regulation 3.12: The Right to Refuse Unsafe Work
- Participate in all required health and safety education and training
- Use all provided personal protective equipment and clothing
- Correct any unsafe conditions if it is safe for you to do so, or report them to your supervisor immediately
- Immediately report any injury to a first aid attendant or supervisor

Forward completed form, along with Employer Profile to the Career Programs Office (Fax #6132)

Worksite Evaluation – General Observations

Housekeeping:	Generally in order/tidy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tools/Equipment:	Orderly/put away when not in use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tripping Hazards:	Extension cords/lumber/debris/uneven ground?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Noise level:	Can you talk at a normal level & be heard?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mobile Equipment:	Speed/watching for other workers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Working from Heights:	Guardrails/fall protection being used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Open ditches/Excavations:	Safe entry & escape route?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Personal Protective Equipment:	Being used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Air Quality:	Dust/odor/paint fumes/gas/chlorine?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heavy Lifting:	Required? Done correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
Working alone:	Do you see people working alone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Questions to ask Employer/Supervisor

Will the student be given a workplace safety orientation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Who to report unsafe work or hazards to? _____		
First Aid Orientation:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Who to report injuries to? _____		
Emergency training? (eg. Earthquake, fire)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will student be working with a supervisor? Alone?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
Will student be working with or near controlled products? (eg. WHIMIS)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Personal Protective Equipment: Required? Supplied?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
Will student be required to operate machinery/equipment/power tools?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will task specific training be provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any specific safety hazards at this particular workplace that the student should be made aware of? (eg. Potential for violence/poor air quality/high noise levels)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

For more information on how to use this checklist, please contact the WorkSafe Education & Development section at 604-233-4002 or through the toll-free number below.

For more information on workplace health and safety and worker and employer responsibilities, contact:
WCB Prevention Information Line
604-276-3100 in the Lower Mainland