HEALTH & SAFETY CHECKLIST

***For the sections that do not apply to the placement, please put N/A in the checkmark box**
***We are aware that students may be working remotely and that not all the considerations below will apply. Please fill out the checklist as best as possible given the circumstances.**

COMPLETE DURING ORIENTATION	✔ or N/A
The student is working on site at the organization	
The student is working remotely at home	
Name of immediate supervisor and Joint Health & Safety Committee representative (JHSC) or Safety Representative: _____	
Worker/supervisor rights and responsibilities	
Safe work procedures and operation of equipment	
Use of Personal Protective Equipment (PPE)	
Identification of restricted or prohibited areas, tools, equipment, and/or machinery	
Hazards in the workplace that may affect the student, how they're controlled and how to deal with them	
What to do and who to see if the student has a safety concern	
What to do when there is a fire or other emergency (e.g., evaluation procedures)	
Location of fire exits and extinguishers	
Location of the first aid supplies, equipment, facilities, including: • Names of staff responsible for first aid • How to record first aid treatment	
Procedures for reporting incidents, accidents, and injuries	
Workplace Hazardous Materials Information System (WHMIS)	
Workplace policies and procedures on: • Workplace harassment • Violence prevention • Working in isolation • Smoking/drinking/substance abuse	
Location of other important information: • Materials Safety Data Sheet (MSDS) • Joint Health & Safety committee minutes • Instructions for safe operation of each piece of equipment (if applicable) • Important telephone numbers and e-mails	
Discuss and review Health and Safety policies and requirements that are specific to working remotely	

COVID-19 self-assessment screening available here.

I have completed the Safety Orientation with my EE Centre and/or Placement Supervisor.

STUDENT INFORMATION ↓		
STUDENT NAME + STUDENT NUMBER:	**STUDENT SIGNATURE:**	**DATE:**

PLACEMENT INFORMATION ↓	
PLACEMENT ORGANIZATION NAME:	**SUPERVISOR NAME:**