

OFF CAMPUS WORKSITE REGISTRATION

This form must be completed **annually** for each worksite and kept in the files at the school.

This form must be completed **prior** to the placement of students.

Should there be an accident or injury, a subsequent inspection is required for renewal and replacement of student(s).










New Worksite Registration

Renewal

A STUDENT INFORMATION	
Student Name	Student Job Title
School	School Phone Number
School Off Campus Teacher (completing worksite registration)	Teacher Phone Number

B EMPLOYER INFORMATION			
Organization Name		Organization Phone Number	
Contact Person	Contact Person Position	Contact Phone Number	
Supervisor	Supervisor Position	Supervisor Phone Number	
Address	Town	Province	Postal Code
Third Party Liability Yes <input type="checkbox"/> No <input type="checkbox"/>			

C SURVEY	
Has the worksite been visited?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Notes	
Were photos of the worksite taken?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Notes	
Has the Employer Supervisor been interviewed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Notes	
Does the Employer or job have a minimum age requirement for the employee at the work site?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Notes	
Is safety training and worksite orientation provided to new workers?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Notes (Who provides the training?)	
Is a trained First Aid worker available to the student at all times when the student is working?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Notes (How is the First Aid worker identified?)	
Are WHMIS and MSDS records available and up to date?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Notes (Where are they located?)	
Does the employer have a field level or job specific hazard assessment for the tasks or scope of work the students will be doing?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Notes (Is it possible to attach a copy of the hazard assessment? Have hazards been identified and controlled by the employer? What chemical, biological, ergonomic, physical or psychological hazards might need to be considered?)	

Is the student expected to wear any Personal Protective Equipment (PPE)?							Yes <input type="checkbox"/>	No <input type="checkbox"/>
 Ear Protection <input type="checkbox"/>	 Eye Protection <input type="checkbox"/>	 Face Protection <input type="checkbox"/>	 Head Protection <input type="checkbox"/>	 Face Mask <input type="checkbox"/>	 Welding Mask <input type="checkbox"/>	 Protective Clothing <input type="checkbox"/>	 Hand Protection <input type="checkbox"/>	 Foot Protection <input type="checkbox"/>
Notes <input type="checkbox"/>								
Is the student expected to provide his or her own Personal Protective Equipment?							Yes <input type="checkbox"/>	No <input type="checkbox"/>
Notes								
Is the employer familiar with the process for reporting a work-related student injury?							Yes <input type="checkbox"/>	No <input type="checkbox"/>
Notes (Does the employer understand that the student is an employee of Government of Alberta (Alberta Education) for WCB coverage?)								
Are there emergency preparedness procedures in place (e.g. fire, spill, etc.)?							Yes <input type="checkbox"/>	No <input type="checkbox"/>
Notes								
Are fire extinguishers and other safety related signs and materials clearly visible?							Yes <input type="checkbox"/>	No <input type="checkbox"/>
Notes								
Is emergency eyewash equipment (if necessary) maintained and readily available?							Yes <input type="checkbox"/>	No <input type="checkbox"/>
Notes								
Will the student be expected to handle tools, materials, equipment or machinery?							Yes <input type="checkbox"/>	No <input type="checkbox"/>
Notes (What tools, materials, equipment or machinery will the student be expected to handle?)								
Does this worksite appear to be an orderly, well-maintained safe and clean working and learning environment?							Yes <input type="checkbox"/>	No <input type="checkbox"/>
Notes								

COMMENTS

Worksite Approved

Worksite NOT Approved

DECLARATION		This assessment is thorough, fair and accurate.	
School Off Campus Teacher Signature		Date	
Principal Signature		Date	

