## **Health and Safety Checklist**

PRACTICUM CENTRE INFORMATION	PRACTICUM CENTRE INFORMATION					
Name of Practicum Centre:						
Address:						
City:	Province:		Postal Code:			
Website:						
Contact Name:						
Title:						
Phone number:		Email:				
COMPLETE DURING ORIENTATION ✓						
Name of immediate supervisor and Joint Health and 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 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., evacuation procedures)						
Location of fire exits and fire extinguishers						
Location of the first aid supplies, equipment, facilities:						
Names of staff responsible for first aid						
How to record first aid treatment						
Procedures for reporting accidents and injuries						
Workplace Hazardous Materials Information System (WHMIS)						
Workplace policies and procedures on:						
Workplace Harassment						
Violence prevention						
Working in isolation     Graphing (Drinking (Substance above))						
Smoking/Drinking/Substance abuse						
Location of other important information						
Materials Safety Data Sheet (MSDS)      Noint Hoolth & Safety Committee Minutes						
<ul> <li>Joint Health &amp; Safety Committee Minutes</li> <li>Instructions for safe operation of each piece of equipment (if applicable)</li> </ul>						
Important telephone numbers						
Please complete this Safety Orientation Checklist during the student's health and safety orientation, and return a completed copy to:						

York University Faculty of Education 4700 Keele Street, Winters 108, Toronto, Ontario M3J 1P3

Attn: Practicum Facilitator

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

STUDENT INFORMATION			
Name:	Student Number:		
Signature	Date		