**Health and Safety Checklist**

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| **PRACTICUM CENTRE INFORMATION** | | | | |
| Name of Practicum Centre: | | | | |
| Address: | | | | |
| City: | Province: | | Postal Code: | |
| Website: | | | | |
| Contact Name: | | | | |
| Title: | | | | |
| Phone number: | | Email: | | |
| **\*We’re aware that students may be working remotely and that not all the points below will apply. Please fill out the checklist as best as possible given the circumstances.** | | | |  |
| **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 * Smoking/Drinking/Substance abuse | | | |  |
| Location of other important information   * Safety Data Sheet (SDS) * Joint Health & Safety Committee Minutes * Instructions for safe operation of each piece of equipment (if applicable) * Important telephone numbers | | | |  |

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

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| **STUDENT INFORMATION** | |
| Name: | Student Number: |
| Signature | Date |