**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 aidHow 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
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| 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
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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 |