

Work Site Orientation and Safety

If you have more than one work placement this form must be completed for each one. Not required if currently not working, will be completed at later date.

A. Did you/will you receive a work site safety orientation? _____

When? _____

B. Student received WCB Regulation 3.12: The Right to Refuse Unsafe Work

C. Answer the following.

1. Workplace Hazards. Please check and list prevention of any hazards on your worksite(s)

Hazards	Prevention
<input type="checkbox"/> Biological Hazards (mold, insects/pests/communicable disease, etc.)	
<input type="checkbox"/> Chemical & Dust Hazards (cleaning products, pesticides, asbestos, etc.)	
<input type="checkbox"/> Ergonomic Hazard (repetition, lifting, awkward posture, etc.)	
<input type="checkbox"/> Physical Hazards (noise, temperature extremes, radiation, etc.)	
<input type="checkbox"/> Safety Hazards (slips, trips, falls, faulty equipment, etc.)	
<input type="checkbox"/> Work Organization Hazards (stress)	

2. What PPE (personal protective equipment) or safety gear are you expected to use at work.

- | | | |
|---|---|---|
| <input type="checkbox"/> Hard hat | <input type="checkbox"/> Safety glasses | <input type="checkbox"/> Welding Mask |
| <input type="checkbox"/> Respirator | <input type="checkbox"/> Gloves | <input type="checkbox"/> Steel toed shoes |
| <input type="checkbox"/> High visibility clothing | <input type="checkbox"/> Earplugs | <input type="checkbox"/> Safety Harness |
| <input type="checkbox"/> Other (describe) | | |

3. What is the procedure if you are injured at work?

4. List any certifications you have earned. (WHMIS, Fall Arrest, Food Safe etc.)

5. Are there hazardous materials on your work site? If yes, what are they?

- Corrosive:**
 - Bleach, ammonia, vinegar.
- Flammable:**
 - Gasoline, acetone, oil (cooking or motor)
- Irritant:**
 - Soaps or detergents, acids, solvents, wood dust, welding fumes.
- Toxic:**
 - Drain cleaner, gasoline, motor oil, rubbing alcohol, bleach
- Health hazard:**
 - Asbestos, communicable disease.
- Explosive:**
 - Unstable explosives, self-reactive substances and mixtures
- Compressed gas:**
 - Welding gases, compressed air, liquefied gas.

6. Have you been trained to use any machinery/equipment/ power tools?

- | | |
|--|---|
| <input type="checkbox"/> Compound miter saw | <input type="checkbox"/> Palm sander |
| <input type="checkbox"/> Drill | <input type="checkbox"/> Planer |
| <input type="checkbox"/> Circular saw | <input type="checkbox"/> Band saw |
| <input type="checkbox"/> Jigsaw | <input type="checkbox"/> Router |
| <input type="checkbox"/> Table saw | |
| <input type="checkbox"/> Knives/ meat slicer | <input type="checkbox"/> Dishwasher |
| <input type="checkbox"/> Deep fryer | <input type="checkbox"/> Other(please describe below) |
