CARDIJN COLLEGE

catholic education south australia

Work Health & Safety Checklist

This form to be completed for every student work placement

To be completed prior to the student's work placement and in conjunction with the Host Employer. This form must be returned to the school with the Workplace Learning Agreement Form.

Host employer:_____

Address:_____

Contact Name:_____ Telephone:_____

Student name:_____ Student phone (optional): _____

☐ Work Experience ☐ VET Course:_____ Year Group: _____

The work	Site visit / Phone Call
Supervisor (name, position and contact details):	
Training provided before commencing work (tick): ☐Induction ☐Formal ☐On-the-job ☐None	
Are there any licence / competency requirements for the work? E.g. white card, drivers licence, forklift licence, police check?	
Is personal protective equipment (PPE) required? (tick) ☐Yes ☐No If yes, please tick: ☐Steel cap boots ☐Hearing protection ☐Safety Glasses ☐Gloves ☐Hi-Vis clothing ☐Hard hat ☐Other	
The work environment	
To whom are safety issues reported: (name, role and contact details):	
How are safety issues to be reported: (tick): ☐Verbally ☐In writing ☐Other……	
Please indicate with a tick the following: Workplace has WHS policy and procedures: ☐Yes ☐No First aid kits available: ☐Yes ☐No Trained First Aid personnel on site: ☐Yes ☐No Emergency procedures documented & displayed: ☐Yes ☐No Amenities available: ☐Yes ☐No Drinking water available: ☐Yes ☐No	

Hazards in the workplace	Yes	No	Details	Site/ Phone
Please ensure students are provided with information relevant to the hazards they will be exposed to e.g. manual handling, plant & equipment. If 'YES' for any hazards, then a follow up site visit or phone call is required. For work placements requiring greater consideration (higher risk), a risk assessment will need to be completed.				
Animals / insects / spider / snake bites/stings etc				
Cash handling				
Airborne dust / aerosols / gases / vapours				
Electrical (exposed live parts or faults)				
Exposure to communicable disease				
Hazardous chemicals				
Heat / cold (e.g. furnaces, cool rooms)				
Hazardous Manual Handling				
Noise/vibration				
Plant/equipment (dangerous moving parts, unguarded machinery/equipment)				
Sharp objects / instruments				
Slips, trips and falls				
Travel (specific details of travel related to work placement)				
UV exposure (working outdoors extended periods)				
Vehicles and people in same area				
Work at heights (ladders, scaffolding)				
Is there any other relevant information you may wish to advise prior to the student/s commencing? If so, what information?				

HOST EMPLOYER:	Date:
Person completing the form:	
Title/position:	
Phone Number:	Email address:
Signature:	

PARENT/CAREGIVER – If in agreeance please sign below

My son/daughter is fit and capable of meeting the above safety requirements during their school work experience week.

Parent/caregiver Signature_____ Date _____

SCHOOL CONTACT PERSON: Susan Watt	Date:
Signature:	