** **Work Health & Safety Checklist**

*To be completed in conjunction with the Workplace Provider where the student/s will be undertaking work experience/work placement and/or structured workplace learning. This form is to be returned to the school with the Workplace Learning Agreement Form.*

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| Business Name: |  |
| Student/s Name/s: |  |
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| **Site specific requirements** | **Yes / No** | **Detail** |
| How will the workplace provide a site specific induction for the student?  *Who will conduct this? When – on first day or prior to placement?* |  |  |
| Does the student require PPE?  *If yes, will the worksite provide the PPE or is the student expected to provide their own?* | Yes □ No □ | Steel cap boots □ Hearing protection □  Safety Glasses □ Gloves □  Hi-Viz clothing □ Other special clothing □ |
| Are there any licence/competency requirements for the work? *E.g. white card, drivers licence?* | Yes □ No □ |  |
| Will the student be required to operate any plant and/or equipment?  *If yes, please specify the item/s.* | Yes □ No □ |  |
| Is the plant and/or equipment adequately guarded and safe to operate? | Yes □ No □ |  |
| Are there any specific hazards the student/s should be made aware of?  *Specific hazards*:   * Plant / equipment *(dangerous moving parts)* * Working at Heights *(ladders or scaffolding/working on roofs)* * Working outdoors *(sun protection & heat stroke)* * Remote/isolated work *(working off-site)* * Working with hazardous chemicals *(corrosives, PPE)* * Manual handling *(lifting boxes, repetitive movements)* * Animals *(bites, diseases)* * Dealing with difficult people *(abusive and aggressive clients)* * Cash handling *(armed hold up procedures & money handling)* * Sharp objects/instruments *(needle stick injuries, knives)’* * Traffic management *(hi-viz clothing, traffic management training)* | Yes □ No □ | *Please ensure students are adequately trained in the hazards they will be exposed to e.g. manual handling, plant & equipment.* |
| Will travel be required as part of the placement? *If yes, please specify.* | Yes □ No □ |  |
| Is there any other relevant information you may wish to advise prior to the student/s commencing?  *If so, what information?* | Yes □ No □ |  |

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| Person completing the form: | | Date: |
| Title/position: | | |
| Business name: | | |
| Phone Number: | Email address: | |
| Signature: | | |