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| --- | --- |
| T:\A MARKETING\_BRANDING\MASTER LOGOS_Artwork by de-co\sfds_logo_master\sfds_vertical_2col_VET_stacked.png | 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 Work Placement Provider. This form must be returned to the school with the Workplace Learning Agreement Form. This form is valid for three years only if the student placement is comparable.

Work Placement Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **The work** | **Site visit or**  **Telephone Call** |
| --- | --- |
| Supervisor (name, position and contact details): |  |
| How will the student be inducted into the workplace? eg online, face to face, combination etc: |  |
| Are there any licence / competency / legal requirements for the work? eg white card, driver’s licence, forklift licence, working with children check: |  |
| Is the student required to supply any Personal Protective Equipment (PPE):  Yes  No  Please indicate below any PPE being used:  Steel cap boots  Hearing protection  Safety Glasses  Gloves  Hi-Vis clothing  Hard hat  Sun protection  Other -please provide details: |  |
|  |  |
| **The work environment** | **Site visit/**  **Telephone Call** |
| Work Health & Safety Officer: (name, role and contact details): |  |
| Please complete:   * 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 and displayed:  Yes  No * Appropriate amenities available:  Yes  No * Drinking water available:  Yes  No |  |

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| --- |
| Please ensure students are provided with information relevant to the hazards they will be exposed to eg manual handling, plant and equipment. If ‘YES’ for any hazards, then a follow up site visit or telephone call may be required. For work placements requiring greater consideration (higher risk), a risk assessment needs to be completed. |

-- Refer page 2 for details --

**Page 2**

| **Hazards in the workplace** | **Yes** | **No** | **Details** | **Site visit/**  **Telephone Call** |
| --- | --- | --- | --- | --- |
| Animals / insects / spiders / snake bites/stings etc |  |  |  |  |
| Cash handling |  |  |  |  |
| Airborne dust / aerosols / gases / vapours |  |  |  |  |
| Electrical (exposed live parts or faults) |  |  |  |  |
| Exposure to communicable diseases |  |  |  |  |
| Hazardous chemicals |  |  |  |  |
| Heat / cold (eg 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 for 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 commencing? If so, what information? |  |  |  |  |

|  |  |
| --- | --- |
| Person completing the form: | |
| Title/position: | |
| Signature: | Date: |

|  |  |
| --- | --- |
| School representative: | |
| Signature: | Date: |