

Please provide this form to your work experience employer to initially complete

## 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 3 years only if the student placement is comparable.

Work placement provider: \_\_\_\_\_

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

The work	Comments
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, drivers licence, forklift licence, working with children check.)	
Is the student required to supply any Personal Protective Equipment (PPE) <input type="checkbox"/> Yes <input type="checkbox"/> No Please indicate below any PPE the student is required to supply: <input type="checkbox"/> Steel cap boots <input type="checkbox"/> Hearing protection <input type="checkbox"/> Safety glasses <input type="checkbox"/> Gloves <input type="checkbox"/> Hi-vis clothing <input type="checkbox"/> Hard hat <input type="checkbox"/> Sun protection <input type="checkbox"/> Other (please provide details)	

The work environment	
Work Health Safety Officer: (name, role and contact details):	
Please complete: <ul style="list-style-type: none"><li>• Workplace has WHS policy and procedures: <input type="checkbox"/>Yes <input type="checkbox"/>No</li><li>• First aid kits available: <input type="checkbox"/>Yes <input type="checkbox"/>No</li><li>• Trained first aid personnel on site: <input type="checkbox"/>Yes <input type="checkbox"/>No</li><li>• Emergency procedures documented and displayed: <input type="checkbox"/>Yes <input type="checkbox"/>No</li><li>• Appropriate amenities available: <input type="checkbox"/>Yes <input type="checkbox"/>No</li><li>• Drinking water available: <input type="checkbox"/>Yes <input type="checkbox"/>No</li></ul>	

Please ensure students are provided with information relevant to the hazards they will be exposed to eg manual handling, plant & 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).



Hazards in the workplace	Yes	No	Details
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: