

# EMPLOYER/PLACEMENT SITE HEALTH AND SAFETY CHECKLIST

## EMPLOYER AND PRIMARY CONTACT INFORMATION

COMPANY NAME: \_\_\_\_\_

WORKSITE ADDRESS: \_\_\_\_\_

NAME OF EMPLOYER/SITE SUPERVISOR: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETION

The Employer/Site Supervisor is responsible for completing the Health and Safety Checklist to confirm that appropriate health and safety measures are in place in accordance with the Occupational Health and Safety Act, as well as current Public Health directives in response to COVID-19. In responding to the following items, if the answer is “No” or “Not Applicable,” a clear explanation or rationale is required.

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## COVID-19 RISK MITIGATION

The student will be provided with the Employer’s and/or direct supervisor’s contact information (cell number and email).

YES      NO      NOT APPLICABLE

If “No” or “Not Applicable” to the above please explain:

The student will be provided with the company’s Health and Safety Policy and also directed to follow all Public Health directives.

YES      NO      NOT APPLICABLE

If “No” or “Not Applicable” to the above please explain:

The employer has installed and/or increased sanitation stations along with the necessary guidelines for use.

YES      NO      NOT APPLICABLE

If “No” or “Not Applicable” to the above please explain:

In accordance with Public Health regulations, physical distancing is practiced and the student will not be placed within close proximity of other employees and the public.

YES      NO      NOT APPLICABLE

If “No” or “Not Applicable” to the above please explain:

Shield guards are in place and maintained regularly.

YES      NO      NOT APPLICABLE

If “No” or “Not Applicable” to the above please explain:

## PERSONAL PROTECTIVE EQUIPMENT

Access to personal protective equipment including masks and gloves are available.

YES NO NOT APPLICABLE

If “No” or “Not Applicable” to the above please explain:

Training in the correct use of personal protective equipment is provided to all employees and students working on site.

YES NO NOT APPLICABLE

If “No” or “Not Applicable” to the above please explain:

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## LIFE SAFETY

An emergency plan is in place to respond to emergencies such as fires, evacuations and injuries.

YES NO NOT APPLICABLE

If “No” or “Not Applicable” to the above please explain:

Emergency exits are clearly marked.

YES NO NOT APPLICABLE

If “No” or “Not Applicable” to the above please explain:

Fire extinguishers are available, properly mounted, and maintained.

YES NO NOT APPLICABLE

If “No” or “Not Applicable” to the above please explain:

Aisles, emergency exits and work areas are free of stored materials.

YES NO NOT APPLICABLE

If “No” or “Not Applicable” to the above please explain:

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## FIRST AID

The employer has trained first-aid responders (per WSIB Regulations 1101).

YES NO NOT APPLICABLE

If “No” or “Not Applicable” to the above please explain:

First-aid supplies are available and easily accessible.

YES NO NOT APPLICABLE

If “No” or “Not Applicable” to the above please explain:

## WORKSITE CHEMICAL SAFETY

Material Safety Data Sheets are available for all hazardous products used.

YES NO NOT APPLICABLE

If “No” or “Not Applicable” to the above please explain:

All employees, including students working on site receive WHMIS training.

YES NO NOT APPLICABLE

If “No” or “Not Applicable” to the above please explain:

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## WORKSITE SAFETY TRAINING

Safety training is provided for each new person assigned to a job (relevant to duties).

YES NO NOT APPLICABLE

If “No” or “Not Applicable” to the above please explain:

Workers are informed of their “Right to Refuse” unsafe work.

YES NO NOT APPLICABLE

If “No” or “Not Applicable” to the above please explain:

Procedures are in place for reporting accidents, incidents and hazards (as per Ministry of Labour, Training and Skills Development requirements).

YES NO NOT APPLICABLE

If “No” or “Not Applicable” to the above please explain:

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## PHYSICAL CONDITIONS

The facility is clean with added measures in place during COVID-19, properly illuminated and free of debris.

YES NO NOT APPLICABLE

If “No” or “Not Applicable” to the above please explain:

By signing this document, the Employer/Site Supervisor confirms that the above health and safety measures are in place.

EMPLOYER/SITE SUPERVISOR SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_