

Health and Safety Checklist
(Placement Centre to complete with student on first work day)

PLACEMENT CENTRE INFORMATION		
Name of Placement Centre:		
Placement Address:		
City:	Province:	Postal Code:
Website:		
Contact Name:		
Title:		
Phone number:	Email:	
COMPLETE DURING ORIENTATION ✓		
Name of immediate supervisor and Joint Health and Safety Committee representative (JHSC) or Safety Representative		
Worker/supervisor rights and responsibilities		
Safe work procedures and operation of equipment		
Use of Personal Protective Equipment (PPE)		
Identification of restricted or prohibited areas, tools, equipment and machinery		
Hazards in the workplace that may affect the student, how they're controlled and how to deal with them		
What to do and who to see if the student has a safety concern		
What to do when there is a fire or other emergency (e.g., evacuation procedures)		
Location of fire exits and fire extinguishers		
Location of the first aid supplies, equipment, facilities: Names of staff responsible for first aid How to record first aid treatment		
Procedures for reporting accidents and injuries		
Workplace Hazardous Materials Information System (WHMIS)		
Workplace policies and procedures on: <ul style="list-style-type: none"> Workplace Harassment Violence prevention Working in isolation Smoking/Drinking/Substance abuse 		
Location of other important information <ul style="list-style-type: none"> Materials Safety Data Sheet (MSDS) Joint Health & Safety Committee Minutes Instructions for safe operation of each piece of equipment (if applicable) Important telephone numbers 		

Please complete this Safety Orientation Checklist during the student's health and safety orientation, and return a completed copy to: York University, Faculty of Liberal Arts & Professional Studies, 4700 Keele Street, S900 Ross Building South, Toronto, Ontario M3J 1P3 Attn: Karlene Davis, Experiential Education Program Coordinator or by email to kkdavis@yorku.ca and eelaps@yorku.ca.
Telephone Number: 416-736-2100 x70878

I have completed the Safety Orientation with my Practicum Centre and/or Placement Supervisor.

STUDENT INFORMATION	
Student Name:	Student Number:
Student Signature	Date
Supervisor Signature	Date
Course Code:	