



WORK HEALTH AND 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.

Business Name:	
Student/s Name/s:	

Site specific requirements	Yes / No	Detail
How will the workplace provide a site specific induction for the student? <i>Who will conduct this? When – on first day or prior to placement?</i>		
Does the student require PPE? <i>If yes, will the worksite provide the PPE or is the student expected to provide their own?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Steel cap boots <input type="checkbox"/> Hearing protection <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Gloves <input type="checkbox"/> Hi-Viz clothing <input type="checkbox"/> Other special clothing <input type="checkbox"/>
Are there any licence/competency requirements for the work? <i>E.g. white card, drivers licence?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Will the student be required to operate any plant and/or equipment? <i>If yes, please specify the item/s.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the plant and/or equipment adequately guarded and safe to operate?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are there any specific hazards the student/s should be made aware of? <i>Specific hazards:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>Please ensure students are adequately trained in the hazards they will be exposed to e.g. manual handling, plant & equipment.</i>
<ul style="list-style-type: none"> • Plant / equipment (<i>dangerous moving parts</i>) • Working at Heights (<i>ladders or scaffolding/working on roofs</i>) • Working outdoors (<i>sun protection & heat stroke</i>) 		

<ul style="list-style-type: none"> • Remote/isolated work (<i>working off-site</i>) • Working with hazardous chemicals (<i>corrosives, PPE</i>) • Manual handling (<i>lifting boxes, repetitive movements</i>) • Animals (<i>bites, diseases</i>) • Dealing with difficult people (<i>abusive and aggressive clients</i>) • Cash handling (<i>armed hold up procedures & money handling</i>) • Sharp objects/instruments (<i>needle stick injuries, knives</i>) • Traffic management (<i>hi-viz clothing, traffic management training</i>) 		
<p>Will travel be required as part of the placement? <i>If yes, please specify.</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>Is there any other relevant information you may wish to advise prior to the student/s commencing? <i>If so, what information?</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	

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

