Form 219-2 Apprenticeship Credit Health & Safety Orientation Checklist



The supervising teacher must complete this checklist and engage in a safety related conversation with the employer prior to approving an Apprenticeship Application.

Course Name					
School Name					
Business/Orga	anization Name				
Trade of Intere	est		Date Visited		
Yes N	lo		·		
	Is the student p	presently employed by the employer and wo yperson ?	rking under the direct s u	pervisio	n of a
	Has a Plan for t	he Apprenticeship Credit Proposal been co	mpleted and submitted?		
	Is the student of	of the appropriate age to work in the design	ated trade?		
	fety Hazard Checklist			Yes	No
	ployer discussed any	potential hazards for the student while on	the employer's		
premises?	of Hamanda			Yes	No
Identification of Hazards Are any potential hazards identified in your visit?					
		lentified. Be as honest as possible here.			
11 900, 1100 01	To possible Hazaras le	ionalica. Be as honost as possible here.			
Are you sati	isfied the employer w	II deal with the hazards in a way that will pr	rotect the student?		
Observation of the Workplace					
		e workplace, were any concerns you had a	bout the student's safety		
resolved the	rough your discussior	with the employer?			
Hoolth and Car	foty Orientation			Yes	No
Health and Safety Orientation Will the employer willing to discuss items in this checklist?					
		safety orientation program she/he has alr	nady dovolopod2		-
Summary	trie employer use(u) a	Safety offentation program she/fie has air	eauy uevelopeu?	Yes	No
	ngaged the employer	in a conversation around various health an	d safety issues as	163	140
		ety Conversation Items?	a safety issues as		
		all 3 questions at top and to the majority	of questions in this table.		
		placement will ensure the student's health			
		e you reasonably sure this workplace is saf			
	, , ,				
or the purposes	of the Apprenticeship	program, the student is treated as an emp	oloyee of the place of em	ploymer	nt.
Employer's Sign	ature		Date		
Supervising Tea	cher or Career Develo	ppment Consultant's Signature	Date		

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ther information discussed at initial visitation:							
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