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/Organization Name			
Trade of Interest		Date Visited	

Yes	No	
☐	☐	Is the student presently **employed** by the employer and working under the **direct supervision of a certified journeyperson**?
☐	☐	Has a **Plan** for the Apprenticeship Credit Proposal been completed and submitted?
☐	☐	Is the student of the **appropriate age** to work in the designated trade?

Health and Safety Hazard Checklist	Yes	No
Has the employer discussed any potential hazards for the student while on the employer's premises?		
Identification of Hazards	**Yes**	**No**
Are any potential hazards identified in your visit? If yes, list the possible hazards identified. Be as honest as possible here.		
Are you satisfied the employer will deal with the hazards in a way that will protect the student?		
Observation of the Workplace	**Yes**	**No**
Based on your observations of the workplace, were any concerns you had about the student's safety resolved through your discussion with the employer?		
Health and Safety Orientation	**Yes**	**No**
Will the employer willing to discuss items in this checklist?		
Will or has the employer use(d) a safety orientation program she/he has already developed?		
Summary	**Yes**	**No**
Have you engaged the employer in a conversation around various health and safety issues as suggested in the Health and Safety Conversation Items?		
If you are able to answer "Yes" to all 3 questions at top and to the majority of questions in this table, there is a strong probability this placement will ensure the student's health and safety. From a Health and Safety standpoint, are you reasonably sure this workplace is safe?		

For the purposes of the Apprenticeship program, the student is treated as an employee of the place of employment.

Employer's Signature _____ Date _____

Supervising Teacher or Career Development Consultant's Signature _____ Date _____

Other information discussed at initial visitation: