

Off-Campus Education Work Station/Work Site: Inspection Checklist

Name of Workplace: _____

Workplace Supervisor: _____ Telephone: _____

Task	Date	Sign-off
1. Work station/work site visited and inspected.		
2. Employer/supervisor interviewed. Key questions asked and responded to.		
3. Accident/incident records appear reasonable.		
4. Hazards of job identified and understood.		
5. Safety training provided to new workers.		
6. a) Personal protective equipment (PPE) provided to workers, OR b) Workers responsible for bringing their own PPE. c) Workers on site appear to be wearing appropriate PPE.		
7. Fire extinguishers, exits and safety-related signs and materials are clearly visible.		
8. Proper emergency procedures, including accident reporting procedures appear to be in place.		
9. Work station/work site: <ul style="list-style-type: none"> • appears safe and caring • does not appear to be safe and or caring. 		<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved