

Lでしてんかめ<sup>C</sup>
Department of Justice
Maligaliqiyikkut
Ministère de la Justice

## **Teacher Health and Safety Assessment Summary**

| Company Name  |  | Company Representative            |  |           |          |
|---|--|-----------------------------------|--|-----------|----------|
| Stuc  | lent's Name  | Job Position/Title                | <u> </u>                                 |           |          |
| 1   | Hazard Checklist   |                                   |  | Yes       | No       |
|   | I have used the Hazard Checkli   | ist to assess the health and safe | ety of the worksite.                     |           |          |
|   | The employer willingly discussed potential hazards for the student on the work placement.  |                                   |  |           |          |
| 2   | Main Hazards Identified  |                                   |  |           | 1        |
|   | Hazards identified include:  | Hazard controls in place include: | trols in place Training required include |           |          |
| 1.  |  |                                   |  |           |          |
| 2.  |  |                                   |  |           |          |
| 3.<br>4.  |  |                                   |  |           |          |
| <del>4.</del> 5.  |  |                                   |  |           |          |
| 6.  |  |                                   |  |           |          |
|   |  |                                   |  | Yes       | No       |
| a)  | I am satisfied the employer and I have identified the hazards on the worksite and the employer has control measures in place to protect the student.   |                                   |  |           |          |
| 3   | Observations of the Workplace  |                                   |  | Yes       | No       |
| a)  | I had concerns based on my observation of the workplace.   |                                   |  |           |          |
| b)  | The employer resolved my concerns after I discussed them with her or him.  |                                   |  |           |          |
| 4   | Health and Safety Orientation  |                                   |  | Yes       | No       |
| a)  | The employer will use the orientation checklist provided.  |                                   |  |           |          |
| b)  | The employer will use a safety orientation she or he designed.   |                                   |  |           |          |
| 5   | Summary  |                                   |  | Yes       | No       |
|   | If you are able to answer Yes to all of the questions in 1 to 3 above and Yes to either 4a) or 4b), this work placement assignment will ensure the student's health and safety concerns are met. |                                   |  |           |          |
|   | I believe the student is a good fit for this workplace assignment.   |                                   |  |           |          |
|   |  |                                   |  |           |          |
| School Supervisor/Teacher Signature Date  |  |                                   |  |           |          |
| Parent/Guardian Signature  Date  Standards Compliance Office  P.O. Box 1000, Stn. 590  C.P. Box |  |                                   |  | x 1000. S | Succursa |

Labour Standards Compliance Office Phone: (867) 975-6322

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