

Workplace Safety Checklist

Student _____

Worksite _____

Date _____

Workplace Supervisor _____

Item	Notes
Identify workplace hazards and existing controls	
List dates of safety training (if provided)	
Identify mandatory P.P.E.s and proper use.	
Identify location of pull boxes	
Identify location of fire extinguishers.	
Identify location of first aid kits.	
Identify location of emergency exits	
Identify safety related signage	
Identify key employee contacts for accidents and emergencies.	
Review emergency/evacuation procedures	
Review accident reporting procedures	
Employer has been informed of student related safety issues... <ul style="list-style-type: none">• Mobility• Behavioral• Medical	

Document prior student learning related to job safety (i.e. Job Safety Skills)

Notes _____

Signatures

Legal Guardian (if required) _____

Student _____

Employer _____

Employment Specialist _____

Date _____