

Workplace Safety Checklist¹

Student _____

Worksite _____

Date _____

Workplace Supervisor _____

Item	Check if reviewed	Notes (as necessary)
Personal Protective Equipment (PPE)		
Fire alarm pull boxes		
Fire extinguishers		
First aid kit(s)		
Emergency exit(s)		
Evacuation procedures/muster point		
Employee contacts for accidents and emergencies		
Employer has been informed of student related safety issues... <ul style="list-style-type: none">• Mobility• Behavioral• Medical		

Notes (e.g. dates of safety training, signage) _____

Signatures

Student _____

Employment Specialist _____

Legal Guardian (if required) _____

Employer _____

Date _____

¹ Revised December 2024