



STUDENT WORK PLACEMENT HEALTH & SAFETY CHECKLIST

Student Name: _____

Work Placement Organization _____

Address _____

Telephone _____ Fax _____

Contact for compliance with the requirements of Health & Safety Legislation:

Name _____

Position _____

If you say no to any of the following questions please use the explanation form attached to clarify.

	<i>(Check as appropriate)</i>	Yes	No
1. Do you have a written health & safety policy?		<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have an occupational health committee?		<input type="checkbox"/>	<input type="checkbox"/>
3. Do you ensure health & safety related training is provided for people working in your undertaking including use of vehicles, plant & equipment, and will you provide all necessary health and safety training for the placement student?		<input type="checkbox"/>	<input type="checkbox"/>
4. Is the organisation registered with the Workers' Compensation Board?		<input type="checkbox"/>	<input type="checkbox"/>
Risk Assessment			
5. Have you carried out risk assessment of your work practices to identify possible risks whether to your own employees or to others within your undertaking?		<input type="checkbox"/>	<input type="checkbox"/>
6. Are risk assessments kept under regular review?		<input type="checkbox"/>	<input type="checkbox"/>
7. Are the results of risk assessment implemented?		<input type="checkbox"/>	<input type="checkbox"/>
Accidents and Incidents			
8. Is there a formal procedure for reporting and recording accidents and incidents?		<input type="checkbox"/>	<input type="checkbox"/>
9. Are procedures in place in the event of serious and imminent danger to people at work in your undertaking?		<input type="checkbox"/>	<input type="checkbox"/>
10. Will you report to the university all recorded accidents involving placement students?		<input type="checkbox"/>	<input type="checkbox"/>
11. Will you report to the university any sickness involving placement students, which may be attributable to the work?		<input type="checkbox"/>	<input type="checkbox"/>

Signed _____ Dated _____

Position _____

Thank you for completing the questionnaire. Please return it as soon as possible to:

Faculty/Department