COOPERATIVE EDUCATION PROGRAM

Worksite Placement & Safety Visitation Checklist

Old Colony Regional Vocational Technical High School 476 North Avenue, Rochester, MA 02770 Telephone (508) 763-8011 FAX (508) 763-9821 Employer:______ Worksite Supervisor:______ Company Address:______ Telephone:_____

| Does the employer agree to a CORI (Criminal Offender Registry Information) check for the stulearner's supervisor? Form received? | | |
|--|-------|--|
| Was the employer given a child Labor Law regulations packet? | 🗆 Yes | |
| Were the student's current skills and educational needs reviewed with the employer? | 🗆 Yes | |
| Was the employer advised of the responsibility to provide worker's compensation insurance binder? | □ Yes | |
| Were student evaluation forms reviewed with the employer? | □ Yes | |
| Was the Co-Op calendar reviewed with the employer? | □ Yes | |

| This worksite is recommended for Co-Op employment placement? | □ Yes | 🗆 No |
|--|-------|------|
|--|-------|------|

| Site visit completed by: | completed by:_ |
|--------------------------|----------------|
|--------------------------|----------------|

Please print (Name & Title) D

Date

Signature

Date

| Safety Check List for Construction Jobs | | | | School |
|---|-----|----|-----|----------|
| | Yes | No | N/A | Comments |
| 1. Fire Extinguishers in truck | | | | |
| - | | | | |
| a. Are there fire extinguishers present? b. Are they the proper type (multipurpose/ABC rated)? | | | | |
| c. Are they readily accessible? | | | | |
| d. Were the extinguishers inspected during the past year? | | | | |
| u. Were the extinguishers hispected during the past year? | | | | |
| 2. Truck Evaluation | | | | |
| a. Ladder racks | | | | |
| b. Bins/Stock shelves secured? | | | | |
| c. Safety barrier between equipment and passengers? | | | - | |
| d. Safety sticker up to date? | | | | |
| e. Seat belts present? | | | | |
| | | | | |
| | | | | |
| 3. First Aid/Fire Blanket present in truck | | | | |
| a. Is there a first aid box in an accessible location? | | | | |
| b. Are supplies for the first aid box adequate for the type of potential | | | | |
| injuries on the job? Do they include items to assist in delivering CPR? | | | | |
| c. Are all the items in the first aid box sterile? | | | | |
| d. Is there a fire blanket readily available? Is it in good shape? | | | | |
| e. Is there a cell phone at the job site? | | | | |
| f. Is there an emergency procedure protocol for staff and for students? | | | | |
| Are injury prevention classes for and students held regularly? | | | | |
| g. Is there a staff member trained in CPR/First Aid? | | | | |
| | | | | |
| 4. Machinery and Tools (if applicable) | | | | |
| a. Are safety guards in place and in good condition? | | | | |
| b. Are the machinery and tools properly maintained? | | | | |
| c. Is there adequate space between machines for working safely? | | | | |
| d. Is the working space delineated and clear of obstructions? | | | | |
| (Note: OSHA standards) | | | | |
| e. Are all hand tools and other equipment regularly inspected | | | | |
| (e.g., bench grinder cracks, inconsistencies)? | | | | |
| f. Are there working magnetic restarts in place for saws (e.g., planner | | | | |
| saw, table saw)? | | | | |

a. Is the work area clean and orderly?

b. Condition of electrical cords

| 6. Ladders/Staging | | |
|---|--|--|
| a. Do ladders/staging appear to be in good condition? | | |
| b. Do ladders have safety feet/staging has lock wheels? | | |
| c. Are non-metal ladders used when there is a possibility of electric | | |
| shock? | | |

| | | | |
|---|------|--|--|
| 7. Safety Plan | | | |
| a. Is there a health and safety plan? | | | |
| b. Is there a safety plan for the use and operation of equipment and is | | | |
| it part of the curriculum? | | | |
| c. Are the staff and students trained in safety procedures? | | | |
| d. Do staff have safe work habits? | | | |
| e. Do staff and students know what to do in emergencies? | | | |

Site visit completed by:_____

Please print (Name & Title)

Date

Site approved for employment of student:_____

Site Evaluator

Date