



Approved

Not Approved (documented in inspection checklist)

Work Station Approval for (please check):

Work Study Career Internship

Work Experience RAP Green Certificate Other _____

First Inspection **Annual** **Accident/Incident Re-approval**

School:	Date:
School Address:	School year:
	Coordinator Telephone: Cell:
	Coordinator E-mail:
	Fax:
	School E-mail:
	School Website:

- The work site/work station inspection must occur prior to student placement.
- A work site/work station - the specific off-campus location at which the student is involved in off-campus learning activities (Work Study, Work Experience, Career Internship, Green Certificate Program, Workplace Readiness/ Practicum, RAP), requires inspection and annual approval by the School District Representative/s. After an accident or injury, the work station requires a subsequent inspection before re-approval (reference: *Off-campus Education Handbook*).
- A record of inspection shall be approved by designated district administration, and a copy kept on file at the school attended by the student (copies need to be on file at their school before the work site/work station is accepted for the program).
- Parental or guardian consent shall be obtained on the student's behalf. A student-employer Work Agreement shall be signed by student, employer, parent/guardian of underage students, and by the district representative.
- Students and parents/guardians signing the Work Agreement are considered to have signed the WCB Deeming order for workers' compensation coverage.

WORK SITE/WORK STATION

Company Name: _____ Company Address: _____

Company Contact Person: _____ Postal Code: _____

Company Telephone: _____ Cell: _____

E-mail: _____

Supervisor(s) (onsite): _____ Telephone: _____

Type of Business: _____

*Additional work sites? Yes No * Provide additional inspection form for each work site

**Travel in company vehicle? Yes No **Provide additional inspection form for company vehicle

Hazardous work location? Yes No Minimum age requirement for employees at work site?

Driver's License required? Yes No

Inspecting Off-campus Coordinator (please print): _____

Signed: _____
Inspecting Off-campus Coordinator

Date: _____

Employer Representative (please print): _____

Signed: _____
Employer Representative

Date: _____

District Administrative Designate (please print): _____

Signed: _____
District Administrative Designate

Date: _____

