

Employer Health and Safety Form

The purpose of this form is to ensure that students receive a comprehensive orientation regarding the health and safety processes and procedures of your organization. This form is used for all Allied Health programs at Mohawk College, and we understand that some checklist items may not be applicable to all workplace environments.

Student Information

We are hosting more than one student and will complete the table below.

Student's First Name: _____ Student's Last Name _____

Student's Email _____

What Mohawk Programs is the student in?

- | | |
|---|--|
| <input type="checkbox"/> Brain Disorders Management | <input type="checkbox"/> Educational Support |
| <input type="checkbox"/> Career Pathways | <input type="checkbox"/> Mental Health & Disability Management |
| <input type="checkbox"/> CICE | <input type="checkbox"/> Social Service Worker |
| <input type="checkbox"/> Concurrent Disorders | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Early Childhood Education | |

Agency Information

Field Placement Site/Agency _____

Address (#, Street, City) _____

Supervisor/Mentor

Who will be directly supervising the student and be responsible for attendance verification & evaluations?

Supervisor	_____	Position	_____
Email	_____	Phone Number	_____

Names & Titles of other staff involved in supporting this student.
Please include contact information when available

Field Placement Details

Did the student complete an Orientation before they started their placement?

- Yes Date of Orientation _____
- No

In what semester(s) will the student be doing this field placement?

- Fall
- Winter
- Spring/Summer

Start Date _____ End Date _____

Start Time _____ End Time _____

Days of Placement

- Monday Friday
- Tuesday Saturday
- Wednesday Sunday
- Thursday Various Shifts as agreed on

The above dates and times have been discussed with the student

- Yes
- No

Health and Safety

Please record which of the following health and safety topics you have discussed with the student, if applicable. Please note the items that are Not Applicable.

	Yes	No	N/A
Provided with appropriate onsite supervision, name and contact information for Placement Supervisor			
Name and contact information for Joint Health and Safety Committee (JHSC) Representative or Health and Safety Representative			
Worker/Supervisor rights and responsibilities			
Workplace policies and procedures on, but not limited to: • Health and Safety • Workplace Harassment • Workplace Violence			
Safe work procedures and operation of equipment			
Discussed the use of Personal Protective Equipment (PPE). (E.g. respirator, gloves, eye/face protection, footwear, etc...)			
Identification of restricted or prohibited areas, tools, equipment and machinery			
Hazards in the workplace that may affect the student, how they are controlled and how to deal with them			
What to do and who to see if the student has a safety concern			

What to do in the event of a fire or other emergency (e.g. evacuation procedures)			
Location of fire exits and fire extinguishers			
Are workstations ergonomically designed to prevent musculoskeletal disorders?			
Is a first aid kit readily available and well-stocked?			
Is there trained first aid responders on-site?			
Procedures for reporting accidents and injuries and how to obtain first aid or medical attention			
Placement supervisor is familiar with the process for reporting a workplace-related injury or illness			
Workplace Hazardous Materials Information System (WHMIS) and location of Material Safety Data Sheets/Safety Data Sheets			

Student Insurance

As a student completing an unpaid work placement, they are covered under either the Workplace Safety and Insurance Board (WSIB) or private insurance coverage (CHUBB) both are provided by the Ministry of Colleges and Universities (MCU), depending on the Placement Employer's coverage. If the assigned agency is not covered under WSIB the student will be covered under the Ministry's CHUBB policy, otherwise, they will be covered by the Ministry's WSIB policy.

The Field Placement Employer agrees that it will provide the Student Trainee with health and safety training and supervision to protect them from health and safety hazards that may be encountered at the Field Placement Employer's workplace.

In the event of injury/disease while on placement the student is required to immediately report the accident/injury to the Placement Employer. The Placement Employer must complete an accident report and provide a copy to the Mohawk College representative .

If a workplace insurance claim is reportable to the WSIB or CHUBB, they must also complete a Postsecondary Student Unpaid Work Placement Workplace Insurance Claim Form, which requires signatures from the Placement Employer, the student, and the Mohawk College representative. Where the Field Placement Employer is covered under WSIB they must complete a *Letter of Authorization to Represent the Field Placement Employer*. This allows Mohawk College to represent the Field Placement Employer on matters related to the WSIB claim. The Mohawk College representative coordinate this process.

For more information regarding this process

visit: <http://www.tcu.gov.on.ca/pepg/publications/placement.html>.

As part of the preplacement process, the student has signed a Student Confirmation Form to acknowledge that they understand this process.

I have read and understand the process for Student Insurance

