

# Work Site Analysis

<b>Employer/Organization Name</b>		<b># of Employees</b>	
<b>Student Position/Role</b>			
<b>Student Provided Personal Protective Equipment (PPE)</b>	<input type="checkbox"/> CSA safety footwear/steel toe shoes, <input type="checkbox"/> Hardhat, <input type="checkbox"/> Gloves, <input type="checkbox"/> Eye protection, <input type="checkbox"/> Mask/respirator, <input type="checkbox"/> Hearing protection, <input type="checkbox"/> High vis vest, <input type="checkbox"/> Other		
<b>Employer provided Personal Protective Equipment (PPE)</b>	<input type="checkbox"/> CSA safety footwear/steel toe shoes, <input type="checkbox"/> Hardhat, <input type="checkbox"/> Gloves, <input type="checkbox"/> Eye protection, <input type="checkbox"/> Mask/respirator, <input type="checkbox"/> Hearing protection, <input type="checkbox"/> High vis vest, <input type="checkbox"/> Other		
<b>Workplace HAZARDS known by the Employer that could cause time loss, injury or death</b>			
<b>Physical Hazards:</b> <input checked="" type="checkbox"/> Cuts and lacerations, <input type="checkbox"/> Slips, trips, falls, <input type="checkbox"/> Electricity/open wires, <input type="checkbox"/> Noise/vibration, <input type="checkbox"/> Dust/fibres, <input type="checkbox"/> Extreme heat and cold, <input type="checkbox"/> Burns, <input type="checkbox"/> Exposed moving machine parts, <input type="checkbox"/> Being in a moving vehicle during shift, <input type="checkbox"/> Being around moving vehicles, <input type="checkbox"/> Falling/flying objects, <input type="checkbox"/> Falls from elevation, <input type="checkbox"/> Operating power tools, <input type="checkbox"/> Radiation, <input type="checkbox"/> Other: <b>Notes on how the student may be exposed to these hazards:</b>          <input type="checkbox"/> Employer has confirmed they are managing these hazards			
<b>Chemical/Hazardous Material Hazards:</b> What hazardous materials will the student use/be around?          Is anything: <input type="checkbox"/> Flammable, <input type="checkbox"/> Oxidizing, <input type="checkbox"/> Explosive, <input type="checkbox"/> Health Hazard, <input type="checkbox"/> Environmental Hazard, <input type="checkbox"/> Compressed Gas, <input type="checkbox"/> Corrosive, <input type="checkbox"/> Toxic <b>Notes on how the student may be exposed to these hazards:</b>          <input type="checkbox"/> Employer has confirmed they are managing these hazards			
<b>Ergonomic Hazards:</b> <b>Force:</b> <input type="checkbox"/> heavy lifting, <input type="checkbox"/> max lift weight alone _____lb/kg, <input type="checkbox"/> heavy pulling, <input type="checkbox"/> heavy pushing <b>Repetition:</b> <input type="checkbox"/> repetitive tasks without rest between _____ <b>Local contact stress:</b> <input type="checkbox"/> a hard or sharp objects touching skin <b>Work posture:</b> <input type="checkbox"/> reaching, <input type="checkbox"/> bending, <input type="checkbox"/> extended standing, <input type="checkbox"/> extended sitting <b>Notes on how the student may be exposed to these hazards:</b>          <input type="checkbox"/> Employer has confirmed they are managing these hazards			
<b>Biological Hazards:</b> <input type="checkbox"/> Human/animal waste, <input type="checkbox"/> Medical equipment/waste, <input type="checkbox"/> Mould, Fungus, Mildew, <input type="checkbox"/> Cash, <input type="checkbox"/> Animal bites, <input type="checkbox"/> Allergic reactions, <input type="checkbox"/> Other <b>Notes on how the student may be exposed to these hazards:</b>          <input type="checkbox"/> Employer has confirmed they are managing these hazards			
<b>Psychosocial Hazards:</b> <input type="checkbox"/> Stress, <input type="checkbox"/> Harassment, <input type="checkbox"/> Discrimination, <input type="checkbox"/> Shift work, <input type="checkbox"/> Violence, <input type="checkbox"/> Bullying <b>Notes on how the student may be exposed to these hazards:</b>          <input type="checkbox"/> Employer has confirmed they are managing these hazards			

# Work Site Analysis

## WorkSafe BC Requirement - Health and Safety Program

The workplace has an occupational health and safety program (☐ formal or ☐ informal)

- ☐ If the workplace has 20 or more employees, it has a joint health and safety committee
- ☐ If a workplace has 10 to 19 workers, it has a worker health and safety representative
- ☐ Safety procedures are available for all equipment and work processes
- ☐ The workplace is inspected on a regular basis to identify hazards and prevent unsafe conditions

**Notes:**

## WorkSafe BC Requirement - New/Young Worker Training

☐ Employer will provide the student with a safety orientation before students begins work which includes:

- Supervisor's name and contact information
- Employer's and worker's rights and responsibilities including the reporting of unsafe conditions and the right to refuse unsafe work
- Workplace health and safety rules
- Hazards to which the worker may be exposed including working alone or in isolation and violence in the workplace (if they apply)
- Personal Protective Equipment (PPE)
- Location of first aid facilities and injury reporting
- Emergency procedures (fire/earthquake etc.)
- Instruction and demonstration of the young or new worker's work task or work process
- Employer's health and safety program, if required under section 3.1 of this Regulation

- WHMIS information requirements
- Contact information for the occupational health and safety committee or the worker health and safety representative
- Employer keeps records of all worker orientation and safety training

☐ Given OR ☐ Requested by Employer: [WorkSafe BC's Support for employers: Training and orientation for young and new workers document](#)

☐ Employer aware they must provide a young or new worker with additional orientation and training if:

- Observation reveals that the worker is not able to perform work safely
- Requested by the worker

**Notes:**

**WorkSafe BC Coverage:** ☐ Employer has confirmed its workers are covered by WorkSafe BC

Name of SD35 Staff Member		Date	
Name of Employer Representative			
Employer Address Visited			

## Work Site Analysis VISIT (must be conducted at least every 3 years for each employer)

Date of last Work Site Analysis VISIT recommending student placements with this employer			
Yes	No	N/A	(mark N/A for all below if Work Site Analysis Visit recommending placements completed within 3 years)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The worksite is free of clutter and debris that could be a tripping or slipping hazard
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment appears to be intact (e.g., guards are present on machinery) and well-maintained
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety signs are posted (lockout procedures, safe work procedures, eye wash stations, first aid facilities, emergency exits, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor openings and open sides of stairs are guarded
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chemicals and other hazardous materials are stored securely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Workers are using personal protective equipment (hard hats, eye protection, hearing protection, high visibility apparel, respirators, gloves, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The workplace is free of posters or other materials that could be considered racist, sexist, or discriminatory
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Based on this analysis, I recommend SD35 student placements with this employer</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employer is willing to take WAVE students (for Youth WORK in Trades employers only)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This Work Site Analysis scanned/uploaded to Employer's Documents tab on MyWEX