

**JOURNAL 1
COURTICE SECONDARY SCHOOL
COOPERATIVE EDUCATION DEPARTMENT**

WORKPLACE ORIENTATION/HEALTH & SAFETY

NAME _____ DATE DUE September 20, 2011

Answer all of the following questions in the spaces provided. If you run out of room, attach an extra page. This assignment should be completed in consultation with your employer/workplace safety representative. This is your assignment, not your employer's. It is recommended that you read through the entire assignment first answering any questions that you can do on your own before asking someone at your workplace to assist you with the rest. Do not leave any answer spaces blank. **Your supervisor must review this with you, and sign when completed.** (Last page)

Orientation/Workplace (Placement) Specific Information

- Business Name: _____
 - Supervisor's Name: _____
 - Mailing Address: (include postal code) _____

 - Phone: _____ Fax: _____
1. What department are you working in (if applicable)?
 2. If you are driving yourself to your placement where are you supposed to park your car?

 3. Is there somewhere specific at your placement where you are to leave your belongings, or change your clothes if necessary? _____

 4. What is the name of the employee(s) whom you will be working with for the majority of the time (if someone other than your supervisor)? _____
 5. Are you required to wear safety boots while on the job? Yes _____ No _____
 6. Are you required to wear safety glasses while on the job? Yes _____ No _____
 7. Does your employer provide any of the required PPE items? Yes _____ No _____

8. What are your hours of work at your placement? Start: _____ End: _____
9. Are there specific washrooms for the employees? Yes _____ No _____
10. What type of dress is appropriate at your placement?
 Casual: _____
 Business Casual: _____
 Other (specify): _____

Safety

- Safety is defined as ***“freedom from danger, injury or damage, or the state of being protected from harm”***. All employers are legally bound to provide reasonably safe working conditions that keep the employee free from danger, injury or damage.
 - ***An attitude towards safety must be developed by both workers and employers.***
 - If there is an accident at your placement you must notify your Coop teacher immediately, as WSIB forms (and others) must be filled out and submitted within 36 hours.
1. How many people are employed at your workplace? _____
 2. Is there a Health & Safety Representative at your work site? Yes _____ No _____
 If yes, who? _____
 3. Is there a Joint Health & Safety Committee at your work site? Yes _____ No _____
 4. Where is the Ontario Occupational Health & Safety Act & Regulations (“the little green book”) located at your workplace?

 5. Will your employer provide any job/placement specific health and safety training?
 Yes _____ No _____
 If yes, who will provide the training? _____
 6. What health & safety rules/procedures should you be aware of to do your job safely?
 Attach a list if necessary.

7. If there is any emergency (fire, serious injury, etc.) what are you expected to do?
(Eg. Close windows, turn off power, lock door, etc.)

Eg. Emergency: Fire alarm

Procedure: Evacuate according to emergency exit plan

1. Emergency: Fire

Procedure: _____

2. Emergency: _____

Procedure: _____

3. Emergency: _____

Procedure: _____

8. Identify at least 3 health/safety hazards at your workplace. **List all that might apply.** Use additional pages if necessary. Examples could be: noise, hazardous chemicals, radiation, machines/equipment, power tools/hand tools, ergonomics, animal bite, diseases, etc. What safety equipment and/or precautions are required to prevent injury from these hazards? Be specific.

| | Hazard | Precautions/required PPE |
|----|---------------|---------------------------------|
| a) | | |
| b) | | |
| c) | | |

9. Identify the types, and locations of each fire extinguisher in your workplace.

| | Type | Location |
|----|-------------|-----------------|
| a) | | |
| b) | | |
| c) | | |
| d) | | |

(Use an additional page if you do not have enough space)

10. What tasks are performed at your work site that require safe lifting practices?

11. Where is the fire alarm pull station(s), if there is one? _____

12. Where is/are the first aid kit(s) located? _____

List contents: _____

13. Is there an Eye Wash Station in your work area? Yes _____ No _____
If yes, where is it located? _____

14. Name the person(s) who is/are certified in first aid and/or CPR.

15. How many employees have WHMIS training? _____
Will WHMIS training be provided for you? Yes _____ No _____

16. What Personal Protective Equipment (PPE) is used at your workplace?

| PPE Item | Area where used | Type of work performed |
|----------|-----------------|------------------------|
| | | |
| | | |
| | | |
| | | |

17. Who do you report to if you are injured? (Remember, you must report any injury to your Coop teacher!) _____

18. What procedures are in place when an employee is injured on the job?

Required!!! Coop Supervisor's Signature: _____