

Student Safety Questionnaire

Student Name: _____ School: _____

Employer/Supervisor: _____

Name of Business _____ Date: _____

Note to student: Please speak with your supervisor and answer the following questions:

1. What are the potential dangers of my job and how will I be protected from these dangers?

2. Are there any hazards (such as noise or chemicals) that I should know about, and what are the appropriate steps to take to avoid these hazards?

3. What site-specific safety orientation and training will I receive before I start work?

4. Is there any safety gear that I am expected to wear, and who is responsible for providing the gear?

5. Will I be trained in emergency procedures for things like fire or chemical spills?

6. Where are the fire extinguishers, first aid kits, and other emergency equipment located?

7. What are my workplace health and safety responsibilities?

8. Who do I talk to if I have a workplace health or safety question?

9. What is the procedure if I am injured on the worksite?

10. Who is the first aid attendant? How do I contact the attendant?

Student Signature: _____