

Community Work Assessment Program
Safety Checklist

Student: _____ **Work Training Site:** _____

Has student been instructed in safety procedures and precautions? **YES** **NO**

If no, when will the student be instructed in safety procedures and precautions? **Date:**

Are exits clearly identified? **YES** **NO**

Are exits free from obstruction? **YES** **NO**

Is first aid equipment readily available? **YES** **NO**

Are work areas free from clutter and debris? **YES** **NO**

Are fire extinguishers present? **YES** **NO**

Is lighting adequate? **YES** **NO**

Are hazardous chemicals present? **YES** **NO**

Are chemicals properly marked and stored? **YES** **NO**

Work Site has current worker's disability compensation and general liability insurance. **YES** **NO**

Insurance Carrier: _____ Date Verified: _____

Please list any safety precautions needed specific to this training site: _____

Student Signature: _____ **Date:** _____

Work Site Supervisor: _____ **Date:** _____

School Official: _____ **Date:** _____