

# HSAP Apprentice Safety Checklist

Company Name:		
Employer/supervisor:		
Safety Contact:		Phone #:
Apprentice Name:		
<b>Please place initials beside each statement as it applies to your employment</b>		
	I understand that it is my responsibility to look out for and report all safety concerns, hazards, near misses and accidents to the employer/supervisor, parent and HSAP teacher.	
	I know my legal workplace safety and health rights, including the right to refuse dangerous work.	
	I know the person in charge of workplace safety and have their contact number.	
	I have received a walkthrough of the work site. I have been shown where potential hazards are and the locations of the first aid kit, fire exits, and muster points.	
	I have received information about emergency procedures.	
	I have received training on how to do my job safely. I understand the specific safe work procedures for the tools, equipment, materials, and use of personal protective equipment (PPE) used in my job.	
	I know where to find the Material Safety Data Sheets (M)SDS.	
	I am aware of prohibited or restricted areas and/or activities (N/A if not applicable).	
	I understand that I as an HSAP apprentice under the age of 18 cannot work in confined spaces and that those that are 18 or more must have appropriate training, safety gear and supervision.	
	I will complete the Youth Worker Readiness Certificate Course.	
	I know that my employer has Workers Compensation Board Insurance on my behalf.	

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_