

Orientation and Job Safety Review

To be completed by the employer and the student during the first week of the work experience.

This form serves as a guide for employers and students to assist with establishing clear objectives for the work experience, getting acquainted with the worksite, the organization, duties and responsibilities, and safe work practices.

STUDENT CONTACT INFORMATION	
Legal Name:	Student ID:
Name Used if not Legal Name:	NSCC Email:
Street Address:	Alternate Email:
City/Town:	Faculty Advisor:
Postal Code:	Employer:
Program: Year of Study: First Second	Direct Supervisor Name:

ORIENTATION CHECKLIST (to be completed by Student & Employer)
<p>At the conclusion of the orientation the student should have:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Reviewed the job description and have a clear understanding of what is expected of them. <input type="checkbox"/> Reviewed the company's Mission, Vision, Values, Strategic Plan, and any relevant business plans. <input type="checkbox"/> Reviewed the company's organizational structure. <input type="checkbox"/> Reviewed the company's internal web sites, if applicable. <input type="checkbox"/> Reviewed/Established the student's learning goal(s) for the work experience. <input type="checkbox"/> Introduced to other members of the staff and team. <p>Employer initials: Student initials:</p>

JOB SAFETY REVIEW (to be completed by Student & Employer)
<p>At the conclusion of the job safety review the student should have:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Reviewed the employer/organizations' policies, rules, and regulations including OH&S. <input type="checkbox"/> The tools, equipment and training needed for your job are based on provincial and/or federal guidelines. <input type="checkbox"/> Have knowledge of the physical layout of your work site; including emergency exits and locations of all first aid supplies and fire protection equipment. <input type="checkbox"/> Awareness of any job hazards that may be present. <input type="checkbox"/> Appropriate personal protective equipment required for the tasks assigned. <input type="checkbox"/> Reviewed the Employer/Organization Safety Program & Policy with the student on or before the first day of the work experience. <p>Employer initials: Student initials:</p>

SIGNATURES	
<p>By signing below, you have provided orientation and reviewed all job safety requirements with your organization.</p>	
Employer :	Date:
Student:	Date: