**Student Safety Questionnaire**

**/10**

Student Name: Date:

Employer/Supervisor:

Name of Company:

Note to student: If you are unsure of any answers please speak with your supervisor

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

1. 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?

1. What site-specific safety orientation and training will I/did I receive before I start/ed work?

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

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

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

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

1. Describe a problem experienced or observed at the workplace. Explain the cause and each step used to resolve it (3 marks)