

Pre-placement Assessment B

Additional Training and Safety Assessment Information

Identify any hazards, equipment, situations, or machinery that the student may be exposed to during the placement:

Working from heights	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Operating mobile equipment such as forklifts and other pickers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Working with or around chemicals, biological or infectious agents	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Regular or prolonged exposure to hot/cold conditions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Regular or prolonged exposure to excessive noise	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Machinery with moving parts that require guards and lock-out procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Power tools	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Entry into confined spaces such as tanks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Working alone	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Additional training is required before placement can begin: ☐ Yes ☐ No

Specify any additional training that is required:

Plans for completing the additional training:

Other comments:

Signatures

Community Host: _____ Date: _____

Teacher: _____ Date: _____

Parent/Guardian: _____ Date: _____