

UBCO

STUDENT PRACTICUM SAFETY ORIENTATION

Self Directed Safety Orientation

This form is to be completed by students participating is completion, please submit your form by email to your U		CO. Upon
Name:	Date:	
	Organization:	
Address:	Country:	
Start Date (yy/mm/dd): / /		_ /
Supervision & Support		
I know who to contact if I have concerns in relation field experience (should have a site contact and a		YES \square
ORGANIZATION CONTACT:	PHONE #:	
UBCO CONTACT:	PHONE #:	
General Rights & Responsibilities		
I understand that I have the following rights as it relates to workplace safety:		YES \square
 Right to know about workplace hazards and Right to participate in health and safety acti Right to refuse unsafe work 		
Working Alone or in Isolation		
I am not being assigned to work alone, or if I am, I have been provided training and education on the organization's working alone procedures.		YES \square
Bullying, Harassment, Intimidation & V	/iolence	
I understand that I should not be subject to bullying, harassment, intimidation or violence and have been informed of the organization's protocols for addressing any such behaviour.		YES \square
Site Orientation & Emergency Procedu	res	
I have been informed where to go and what to do specific information on evacuation (assembly located)	o ,	YES \square
First Aid & How to Report Incidents		
I have been informed of how to summon first aid a understand that I need to report incidents to my s If I am working outside of BC, I understand that it is coverage (see https://hse.ok.ubc.ca/safety/studen	upervisor and through <u>UBC CAIRS</u> . is recommended that I check my insurance	YES □