



# INSPECTION OF WORK STATION



Type of Work-Based Placement:  
\_\_\_\_\_

Name of Business \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Type of Business: \*See Student Services for specific, detailed checklist based on occupation.

- |                                       |                                      |  |
|---------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Agricultural | <input type="checkbox"/> Automotive  | <input type="checkbox"/> Environment   |
| <input type="checkbox"/> Food         | <input type="checkbox"/> Health      | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Office       | <input type="checkbox"/> Retail      | <input type="checkbox"/> Service       |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Other _____ |  |

Has the employer ever been cited by the state or federal government for labor or safety violations? \_\_\_\_\_

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Does the company have a written safety and health program? \_\_\_\_\_ Can we get a copy? \_\_\_\_\_

Number of Employees \_\_\_\_\_

Workmen's Disability Carrier \_\_\_\_\_ Policy No. \_\_\_\_\_

Liability Insurance Carrier \_\_\_\_\_ Policy No. \_\_\_\_\_

Employer Contact \_\_\_\_\_ Title \_\_\_\_\_

Days Open \_\_\_\_\_ Hours Open \_\_\_\_\_ Shifts \_\_\_\_\_

**Condition of Business:**

**Work Environment:**  Acceptable  Needs Improvement  Not Acceptable    **Housekeeping:**  Acceptable  Needs Improvement  Not Acceptable

**Equipment:**  Acceptable  Needs Improvement  Not Acceptable    **Air Quality:**  Acceptable  Needs Improvement  Not Acceptable

**Safety Conditions:**  Acceptable  Needs Improvement  Not Acceptable    **Noise Level:**  Acceptable  Needs Improvement  Not Acceptable

**Guarding on Machinery:**  Acceptable  Needs Improvement  Not Acceptable

Employees are Wearing Personal Protective Equipment?     Yes     No     Not Applicable

Trainee has eye protection devices available to them?     Yes     No     Not Applicable

What type of work-based trainee is company looking for? \_\_\_\_\_  
\_\_\_\_\_

Is this a suitable work-based education site for high school youth?     Yes     No

In compliance with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the Americans with Disability Act of 1990, it is the policy of the Newaygo County Regional Educational Service Agency that no person shall, on the basis of race, color, religion, national origin or ancestry, gender, disability, age, height, weight, or marital status be excluded from participation in, be denied the benefits of, or be subjected to discrimination during any program or activity or in employment. In addition, arrangements can be made to ensure that the lack of English language skills is not a barrier to admission or participation.

\_\_\_\_\_  
Signature of Inspector

\_\_\_\_\_  
Inspection Date